Utah's Division of Child and Family Services

Eastern Region Report

Qualitative Case Review Findings

Reviews Conducted

May 17-20, 2010

A Report by

The Office of Services Review, Department of Human Services

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I. Introduction

The Eastern Region Qualitative Case Review (QCR) for FY2010 was held the week of May 17-20, 2010. Reviewers were selected from the Office of Services Review, the Division of Child and Family Services, community partners and other interested parties. Review partners included individuals from Fostering Healthy Children, CASA, Juvenile Justice Services, a community volunteer, three representatives from Prevent Child Abuse Utah, and four members of the region's Quality Improvement Committees. In addition, there were two out-of-state reviewers from Florida's Family First Program. All seven offices in the Region had cases selected as part of the random sample, which included the Blanding, Castle Dale, Moab, Ute Family Center, Price, Roosevelt, and Vernal offices.

There were 24 cases randomly selected for the Eastern Region review. The case sample included 13 foster care cases and 11 home-based cases. Of the 11 home-based cases, seven were traditional home-based cases and four were Creative Intervention cases. Over the past couple years, the Region has been piloting and expanding the System of Care and Creative Intervention services. Additional information regarding these two services can be found in the Stakeholder Observation section of this report. Creative Intervention cases are opened as voluntary cases. The Creative Intervention services include: intensive case management, crisis intervention, crisis planning, mentoring, and parent training. The purpose of a Creative Intervention worker is to work closely with the child and family to prevent a removal. The Region has been identifying their Creative Intervention cases as PFP cases (a code normally associated with family preservation cases). As a result, four Creative Intervention cases were selected as part of the case sample. Prior to the sample selection, Region administration had expressed interest in having some Creative Intervention cases assessed through the QCR process. Creative Intervention cases are considered a unique case management service and this is the first time this case type has ever been included in the QCR. As a result, most of the data analysis contained in this report is analyzed in two ways: all 24 cases in the sample included together, and excluding the four Creative Intervention cases for a case sample of 20 cases.

A certified lead reviewer and shadow reviewer were assigned to each case. Information was obtained through in-depth interviews with the child (if old enough to participate), his or her parents or other guardians, foster parents (if child was placed in foster care), caseworker, teacher, therapist, other service providers, and others having a significant role in the child's life. Additionally, the child's file, including prior CPS investigations and other available records, was reviewed.

Staff from the Office of Services Review met with region supervisors and administrators on June 28, 2010 to review the preliminary results of the region's QCR. Preliminary scores, data analysis, and stakeholder results were reviewed with the region. Strengths and practice improvement opportunities identified in the case debriefings were also presented.

II. System Strengths

During the Qualitative Case Review process, many strengths were observed and identified regarding the system and case management. At the conclusion of each two-day review period, the reviewers met together for a debriefing session during which a brief outline of each case and the reviewers' observations were presented and discussed with the other reviewers. As part of the debriefing process, each review team was asked to present strengths on their case that had a positive impact. The list below is a summarized list of strengths identified by the reviewers. This is not an exhaustive list of all the strengths mentioned during the review process.

Stability

- The child was able to work with the same therapist when she transitioned from the proctor home to the group home, which prevented her from starting over in therapy.
- The foster mother was trained to take care of the youth who had specialized medical needs that required vigilant monitoring.
- The child had been in the same home since coming into foster care.
- The foster placement was well matched to the unique cultural needs of the foster child, which added to the child's sense of stability.

Permanency

- A youth with significant special needs resided in a family setting that provided stability and a sense of permanency. The nurturing environment helped the youth reach her fullest potential.
- The kinship family took custody of the child and ensured the safety of the child.
- The former foster parents have remained a part of the child's life. When asked whom she would go to years down the road if she needed help, her first choice for a support was her previous foster family.
- The Tribe was involved and the child was placed with kin.
- There was early intervention in the case so the child did not have to leave the home.
- Permanency was achieved due to diligent efforts to locate an appropriate kinship placement.

Engagement

- The family made a good connection with their Creative Intervention caseworker. The family viewed the worker as a support.
- The System of Care Committee (SOCC) functioned as a very supportive resource to the family. The committee wrapped services around the mother that considerably increased the likelihood of the child being successfully maintained in the home.
- The caseworker really advocated for the parents.
- The family felt like the worker really cared for them and they trusted her. The worker had great engaging skills. This made a difference in the case moving forward much faster. The family participated and felt like it was their case.
- Everyone praised the worker. The foster parents had adopted and cared for difficult children in three states. They felt like they were treated the best in Utah.

Teaming

- The caseworker was diligent in getting formal team members together for face-to-face meetings and ensured there was good information sharing so team members were on the same page.
- The team frequently met together which ensured team members were kept updated. The team worked together to manage the youth's intense needs. The foster family considered themselves the central point of coordination.
- The caseworker did a fantastic job of coordinating information among the team members through regular, frequent team meetings. Team members considered themselves as members of the team. Each team member had a common understanding of the child's needs and the goals of the case.
- The drug court team met regularly. In addition, several formal family team meetings were held during the last few months. The meetings provided an opportunity for the child to express her concerns to team members.
- Regular team meetings were held. Everyone was aware that the caseworker was the center of the team. Some members of the team communicated between official meetings.
- There were many team meetings, especially in the beginning.
- There was a good teaming process and the biological parents were included. The parents were able to articulate well how they were provided opportunities to have input. Team members had confidence in the caseworker.
- There was good teaming that included the family. Teaming was a big strength. The caseworker communicated with everyone and went the extra mile.

Assessment

- There were good formal and informal assessments of the family's situation.
- There were some really good assessments of the mother.
- When the target child came to the attention of the state due to behaviors, the family was assessed and other problems were identified and dealt with.
- The substance abuse assessment was done well.

Planning

- Good plans were written for the mother. The mother came up with her own goals.
- The planning process was good. The caseworker helped the parents articulate what services they wanted.
- Substance abuse planning was nicely done with a lot of specific steps.

Tracking and Adaptation

- The worker did a great job of tracking what was going on in the case.
- The progress the child made in terms of school performance and not stealing was tracked well.
- Tracking and adaptation was done well. The team watched this family very closely. The tracker kept well informed of the family's progress.

III. Stakeholder Observations

The results of the QCR should be considered within a broader context of local or regional interaction with community partners. The Office of Service Review staff supporting the qualitative reviews interview key community stakeholders such as birth families, youth, foster parents, providers, representatives from the legal community, other community agencies, and DCFS staff. This year the Qualitative Case Review in the Eastern Region was supported by a total of 12 interviews. There were 11 focus groups which included: four DCFS caseworker groups, three DCFS supervisor groups, Region Administration Team, foster parents, and two System of Care Committees. There was also one individual interview with a Ute Tribe representative.

The information from the stakeholders' observations has been organized around broad topics discussed during the focus groups and interviews. Obviously, not everyone commented nor agreed on all topics. Where there appeared to be some consensus, the comments are noted. Each comment section is organized in two groups— community partner interview comments and DCFS interview comments.

System of Care Committees and Creative Interventions

A. Community Partner Interviews

- The vision of the System of Care (SOC) is to get various agencies together to help meet the needs of families. It is a strengths based approach. The SOC committees (SOCC) present families with options and help them select services that they would be comfortable with. A Creative Intervention (CI) worker may be assigned to meet with the family to identify their supports. A meeting is then set up with the family and their formal and informal supports.
- Each family participating with SOCC helps direct the services. The family selects whom they want on the committee. Committee members try to help the family see where additional support is needed. If there is a gap in service, the family can try to get the missing service involved by addressing the issue with the committee.
- Families are responding well to SOCC support. It is not intimidating for families because they maintain some of the control. As a result, families are more likely to ask for help.
- SOCC members enjoy being able to keep children home with their family while services are being provided.
- A judge in the district held a summit last year during which there was a lot of discussion about needing better communication between the various agencies and more early intervention services. SOCC meets those needs.
- Some of the best support from the SOCC comes in the form of individual committee members offering their personal contacts as a resource to families.
- For SOC to function well, it cannot belong to any one agency. It needs to be owned by all the committee members. Region administration does not want DCFS to lead the SOC committees. Current SOCC facilitators come from partner agencies such as county mental health and the school district.

- School staff often see a child's situation deteriorating but not rising to the level of a CPS referral. SOCC can accept that type of referral because they don't have the policy and protocol requirements that it takes to accept a CPS referral.
- One judge will postpone disposition on cases when he knows the family is working with SOCC to allow time to see what SOCC can accomplish with the family.
- Most of the cases served by SOCC do not require additional court ordered case management services from DCFS or JJS. For example, the SOCC was able to connect a couple of children with significant mental health issues to residential services without having them placed in JJS or DCFS custody.
- There is no time limit on how long the SOCC can maintain their involvement with a family.
- One of the real strong points of SOCC is the strengths based approach with families. The positive tone of SOCC meetings is totally different than JJS or DCFS team meetings, which can be more negative. The tone of the SOCC meetings is more about what can be done to help the family.
- DCFS is a very supportive partner of the SOCC. Sometimes that support comes in the form of offering a Creative Intervention worker to assist families. DCFS is also supportive of SOCC cases in which they are not directly involved.
- Creative Intervention services strive to do whatever needs to be done to maintain children in their home (whether family, foster, or kin) and maintain stability, permanency, and enduring relationships for the children.
- SOCC prefer their cases to be voluntary. Occasionally, a judge will order a family to participate with the SOCC. Court involvement results in some non-negotiable requirements. SOCC cases with families receiving PSS services become challenging when the PSS worker becomes the bad guy, due to the non-negotiable requirements, and the Creative Intervention worker is viewed as the good guy, due to the voluntary nature of the service.
- One thing SOCC would like to continue to improve is the collaboration between community agencies. They currently have the broadest array of agency interaction the region has ever experienced.
- There are additional community partners that are needed on the committees. The agencies have been made aware of the committee's interest in having them involved in the SOCC. Missing partners include probation officers and some non-traditional members such as a representative from the local university.

B. DCFS Interviews

- The System of Care Committee (SOCC) and Creative Intervention (CI) services continue to expand in the rural areas. The services are working well and have been beneficial to families. The services translate into more children being protected and served. Relationships with families have improved to the point that some families are now approaching DCFS for assistance.
- DCFS, community partners, and allied agencies are working together as part of the SOCC. It has been a challenge shifting to a community effort rather than individual agency responsibility. Other agencies are taking more responsibility instead of just

handing DCFS a referral. The collaboration with community partners has made the difference.

- The focus of SOCC is to provide support and help within the community based on available resources. The prevention work has been helpful and the region is seeing fewer children coming into foster care. The committees work to pull enough resources together to keep children in their homes whenever possible.
- SOCC membership changes based on the needs of the family and who the family would like to have involved. Partners selected as committee members are multi-talented individuals who are connected with a variety of services. Committee members are very innovative.
- SOCC is the embodiment of the Practice Model. It empowers the family to get more involved in their case management. The family team is driving the case and the changes. The region has seen success with families where the original prognosis was questionable.
- As the number of foster care cases decreases, the number of home-based cases is increasing. The hope is to have DCFS Creative Intervention (CI) specialists working with more families on a voluntary basis rather than having court involvement. The CI worker would play an advocate role.
- Not as many youth are coming into foster care for truancy or behavior issues due to SOCC being a good alternative. Some judges have been supportive of youth working with the SOCC rather than coming into custody.
- SOCC services have helped step children down from higher levels of care. The region is maintaining the same number of children in the higher levels of care and prevented those numbers from escalating.
- Caseloads are increasing due to accepting more Creative Intervention cases. The region is experiencing a lot of referrals due to community presentations regarding CI services. Information is also getting out to the community through word of mouth. DCFS is getting referrals for CI services from community partners, families, law enforcement, and schools.
- Occasionally, a family will be participating in SOCC services as well as DCFS court ordered services. SOCC prefers services be voluntary so the family decides what services they want to participate in. It conflicts with the voluntary nature of the case when there are non-negotiable court ordered requirements. It can be confusing to a family who views SOCC as a resource and PSS as a punitive service.
- Creative Intervention services are more preventative focused. It is a good program for helping families without involving the court system. Voluntary services can be a challenge because many of the families with DCFS history are unwilling to voluntarily get involved with DCFS again.
- CI cases place less emphasis on paperwork. The services are designed to not be bogged down by policy and paperwork requirements that restrict creativity. With fewer paperwork requirements, CI workers are able to spend more time with the families.
- In CI cases, the primary issue is often connected to the child. CI workers really enjoy working CI cases because it is viewed as “true social work.” CI workers do problem solving techniques, mentoring, and advocating. There is more flexibility to try some ideas that are not policy based. They do more fun things with the children such as taking

them out for sodas, going to soccer games, hiking, river rafting, and playing games. They can also help students with homework. For children with mental health issues, they can do workbooks together.

- Creative Intervention was set up to reduce DCFS caseloads, but the majority of cases are coming from other agencies so it is reducing other agencies' workload more than DCFS caseloads.
- Traditional family team meetings can have a more punitive approach when compared with SOCC family meetings that are viewed as a helping model.

Working Relationship

A. Community Partner Interviews

- There is a good working relationship between community partners throughout the region. There is good communication between the various agencies. They meet regularly and talk with each other, either in person or through email. Duplication of services has been reduced. Different agencies benefit from the work that is being done by other agencies.
- The region had Tribal Social Services staff participate in their Practice Model trainings.
- The region supervisors and Region Director are very accessible to community partners.
- There is a good working relationship between DCFS supervisors and Tribal Social Services staff.
- Foster parents often like to meet the birth parents and reassure them that their child is in a good home.
- The biggest challenge for foster parents is communication with caseworkers. It can be difficult to get hold of caseworkers. Foster parents need regular communication that includes case updates and what they can expect in regards to the foster children.
- Foster parents feel supported by the Utah Foster Care Foundation (UFCF). Foster parents experience frustration when a caseworker manages a case differently than what the foster parents were trained to expect by the UFCF trainings.
- Foster cluster groups serve as a resource to foster parents.

B. DCFS Interviews

- The working relationship between DCFS and juvenile probation has improved. Probation would often request children be ordered into foster care without notice to DCFS. Now there is more communication through weekly interagency staffings.
- DCFS enjoys a good rapport with community partners such as the sheriff's office and the county mental health agency.
- The relationship between DCFS and community partners is being strengthened through mutual participation in the Quality Improvement Committees (QIC).
- The QIC committees' focus and agenda have shifted to what the committees want rather than what DCFS wants. The QIC's have been analyzing DCFS data.
- In one rural area, the local QIC committee disbanded. The challenge was getting a community partner to facilitate the QIC. Meetings would get cancelled and participant interest waned. With services getting tighter, it was more difficult for some partners to get approval to attend the meetings.

- There is a need to allow food to be purchased for the QIC meetings as this encourages members to attend during their lunch hour.
- The working relationship between DCFS, law enforcement, and the legal partners is really good.
- The relationship with the Native American tribes is at an all time high. The region is doing some work with each of the various tribes in the area. Travel restrictions have added to the challenge of coordinating with some of the tribes.
- There is good contact, communication and support between supervisors and caseworkers in neighboring offices. They can go to each other when they need assistance.
- Caseworkers are really good about helping and covering for each other during weekends, holidays, and emergencies.
- The support staff go above and beyond in helping the caseworkers with tasks such as transporting clients, administering random drug tests, and handling financial payments and placement changes.
- Occasionally at court hearings one judge will berate and humiliate caseworkers in front of the clients. This can undermine the clients' confidence in the workers in a matter of minutes. Workers often get stressed about going to court.
- In one courtroom, there is a sense that the more the client is punished, the more it will help motivate them. The supervisor is working with legal partners on the benefits of a less punitive approach.
- Most workers enjoy a good level of support from their coworkers and supervisors. Some workers experience a feeling of not being appreciated by administration for the work that they do.

Services

A. Community Partner Interviews

- DCFS does a good job of ensuring children's safety. They make sure children in foster care are taken care of.
- DCFS has a good tracking system (the SAFE system).
- Foster parents really enjoy having foster children in their home. They enjoy providing children with consistency and boundaries, which enhances the children's sense of security.
- Tribal Social Services expanded their services. There are many offices within Tribal Social Services such as the housing department, Head Start, education, and case management services. They provide substance abuse services, anger management, individual counseling, group therapy, and parenting services.
- It is easy for foster parents to get an appointment for foster children to see a medical doctor, but it is difficult to get children into a counselor at mental health. There are often delays due to the intake process and scheduling problems. Mental health often wants school age children to attend appointments during school hours, which can be problematic for the child's schooling.

- Foster parents often find it easy to access services for younger foster children such as child development services and preschool. It is much more difficult to locate services for children age 4 and 5 years old.
- There is a need to get birth parents more involved in services with their children. Parents attend visits but don't get a lot of family counseling. The parents take parenting classes but would benefit from parenting classes that include their children.
- Foster parents occasionally experience problems associated with the medical cards for foster children. Problems include the medical card not working when foster parents try to fill prescriptions and delays in getting a medical card, which can delay a well child exam.
- Working with DCFS can be intimidating to Native American parents. DCFS could do more to promote families getting their children back. When a caseworker does more than just give a parent a list of what they need to do, it is viewed as "enabling" the parent. Parents often don't know how to go about accessing the services.
- Many Native American families don't want to become licensed foster parents due to all the oversight and DCFS requirements that are associated with being a foster parent.

B. DCFS Interviews

- Kinship placements have been beneficial in keeping children with family when they are removed from their parents' custody. The majority of the kinship placements are in the same area as the parents which helps facilitate visitation and doesn't require a change in the child's school placement.
- Workers and supervisors are using the Safety Model to try to mitigate safety risks and keep children at home whenever possible.
- One office in the region has a specialized domestic violence (DV) treatment program located onsite. An LCSW facilitates the program. The program includes tracking services. It has been one of the most effective DV treatment resources. The program produces good communication between the DV provider, tracker and caseworker.
- There are three TAL coordinators that serve different areas of the region. The homeless youth initiative is in place. The hope is that youth will take advantage of the aftercare services and supports that are available to help youth who are emancipating. The support can continue for up to 18 months after the youth is released from custody. Some youth that were originally not interested in attending college are now interested due to the extra support services.
- Caseworker turnover has decreased due to the economy. Having experienced workers improves services to the families.
- The recidivism rates for children returning to foster care has decreased.
- The number of children going into residential levels of care had been going up for three years. It has decreased and been maintained at a reduced total.
- The family drug court program experiences some good success. They have had success with some clients that had a previous removal, had their children returned, and then relapsed. The drug court tracking services and immediate structure and consequences are beneficial to participants. Drug court had stopped for a while, then mental health got another grant and it was restarted.

- The region has dedicated caseworkers that care and want to make a difference. Workers step up to the plate and help wherever needed. Workers are going above and beyond to meet clients' needs. It isn't just a job; workers want the families to be successful.
- Workers are more well-rounded due to having experience with different types of cases such as home-based, foster care, and creative interventions. Workers are multi-talented and can perform several different functions.
- Workers enjoy being able to see a child's life change for the better. Much of their satisfaction comes from working with a family and seeing the children reunited with their parents and staying home.
- It is difficult to get funding for more preventative programs. An enormous amount of money goes into foster care services, but not enough for voluntary services. Some cases have a lot of CPS history prior to removal. Preventative services could be beneficial much earlier rather than waiting until the problem requires a removal.

Teaming

A. Community Partner Interviews

- Occasionally, foster parents are not invited to family team meetings or court hearings. Foster parents prefer to always be notified and have the option of participating.
- There is a need for more willingness from other agencies to do one family team meeting rather than having the family do a team meeting with each of the various agencies.
- DCFS could involve more family members in family team meetings. Some family team meetings are just the worker and child. It is important to identify family members and make contact with them so they can be involved.

B. DCFS Interviews

- There is more teaming with community partners in decision-making. With group consensus, there are better decisions and long-term solutions. The teaming includes discussions about how to best manage limited resources. It has helped to consolidate services through improved collaboration.
- Workers are interacting with families in more of a teaming approach rather than workers directing what will happen. They are using more strength based solution-focused problem solving with families. They are getting away from being punitive. The families feel like they are part of a team working towards a goal, which creates less resistance from families.
- Case decisions are not made by individuals. Anyone that wants to get involved is able to have input. They are coming up with better decisions for families as a result. They don't always agree, but it is good to hear the various perspectives. The group decisions are much better than individual decisions.
- Some team members, such as therapists and schoolteachers, can only be accessed on Fridays, which becomes a challenge to having them participate in team meetings.
- It is very difficult to have therapists from the local mental health agency attend family team meetings due to their schedules. DCFS has to adjust their schedules to get them to the meetings to obtain their input.

Resources

A. Community Partner Interviews

- Foster parents really miss a local shelter that was abolished. When there is a need for a timeout for a youth acting out there is no place to take the youth. Now the options are staying up all night and dealing with the issue in the foster home or calling the police if there is a safety issue.
- There is a need to recruit new foster parents in the rural areas. Many of the foster children are placed along the Wasatch Front. Some Native American children that have never left the reservation end up being placed out of the area with white families and in a school with no other Native American children.
- Some foster parents come in and get the training, get a placement, and then decide it is too hard and choose to not provide foster care again.
- Foster parents don't foster children for the money. It is never a money issue for them. They often end up having to spend money out of their own pocket to get the foster children what they need.
- Additional funding for special needs has not been available through DCFS for a while. There is a need for some flexible funding resources for families that don't fit any funding source.
- One QIC committee project is focused on trying to save DCFS money on random drug testing. They are looking at the frequency of testing requests. They would like to develop a tool, such as a reference sheet, to help caseworkers determine when they should cut back on testing requests. The worker could take the form to the judge to advocate for the change in amount of tests being required.
- Another QIC project is working on domestic violence recidivism. It is not just the offending partners; it is the victims that continue to get into relationships with other offending partners.
- DCFS supports programs that help transition youth who are aging out of foster care. They are working with youth to develop a safety network they can fall back on after they emancipate. They are helping youth become familiar with resources of various agencies as they move towards self-sufficiency.
- Budget cuts are impacting all agencies. Cuts are reducing resources and eliminating flexibility. Questions are being raised about the sustainability of service delivery. The need for services is not diminishing. Additional budget cuts will make it difficult to provide quality services.
- The money available through the Workforce Investment Act (WIA) continues to decrease. The WIA cuts have negatively impacted resources for adolescent foster children.
- One rural area lost their QIC that would bring various agencies and stakeholders together to share information about their services and resources. There is a need for the various agencies to find another way to share information with each other about any available resources.

B. DCFS Interviews

- The peer parenting program is very beneficial. Workers have seen a lot of success in reunification cases when peer parent services were involved.
- Family Preservation services are very beneficial, particularly at the CPS level. It can help prevent families from needing additional ongoing services.
- Tribal Social Services is working hard to develop additional services for families.
- DCFS is good at finding and taking advantage of limited resources that are available. Workers have to make due with fewer resources.
- Cutting resources to allied agencies, such as JJS, negatively impacts DCFS. JJS requests that youth who do not meet the JJS custody guideline matrix be placed in DCFS custody. There is often no allegation of abuse or neglect. The cases usually stay open longer because the youth won't cooperate with services.
- There is concern that the pending Medicaid changes will negatively impact the resources, particularly residential placements.
- A Youth Services position was lost. There are a lot of teenagers with families that are in crisis and now they don't have access to Youth Services to help with that need.
- One school district is losing additional positions. The district had at-risk staff at each of the schools to help with wraparound services. Now those services are at risk of being eliminated.
- DWS is more automated rather than working directly with clients. This makes coordination between DCFS and DWS workers more difficult when DWS cases do not identify a specific worker.
- There is a lack of foster homes in the area, which makes reunification efforts more difficult. It becomes most problematic when trying to place a teenager. It has always been difficult to retain enough foster parents. Foster parents often adopt or complete their kinship episode and then stop fostering. Many foster parents get burned out due to being overused.
- The mental health resources are diminishing. A number of mental health positions have been lost. Many areas have one Medicaid provider for mental health and substance abuse services. Psychological evaluations are often court ordered and sometimes DCFS has to pay to have someone from out of the area come and do the evaluations.
- Random drug tests are being administered by workers and support staff. Workers usually have one day a week they are assigned to observe all the random drug tests. It is difficult for workers to UA their own clients. Workers are held accountable for the amount of random drug tests they request due to the financial cost of the tests.
- Workers have been unable to assist families with special need funds as much as they used to; for example, they cannot assist a client with funds to move into a home.
- One rural area lost their only shelter due to budget cuts, which was a devastating loss. The closest shelter is now four hours away.
- Because of the economy, clients are having trouble finding employment. Helping TAL youth find employment is a challenge. Many areas have nothing they can offer children aging out of foster care for things like housing, employment, and public transportation. Many youth have to move to the Wasatch Front to find affordable housing.

- Children needing residential or group home level of care have to be placed out of the area due to lack of local placement options. It makes it difficult for parents to visit their children due to the expense of traveling.
- Youth in Custody (YIC) mentor positions have been eliminated in the local schools.
- Throughout the region there is a need for a variety of different services and resources. Some of the identified needs include substance abuse treatment for parents and children, local services for children and adults with serious mental health issues, services for autistic children, domestic violence treatment for victims, and more peer parenting services.
- There is a need to continue to get funding for appropriate levels of adoption subsidies for families that are adopting children from foster care.

Workload

A. Community Partner Interviews

- DCFS has a lot of policy requirements. DCFS is so big that workers don't meet with policymakers to understand the reasons for some of the policy. Some workers get lost in the bureaucracy. Smaller caseloads would help with the issue.
- The availability of caseworkers is often a challenge for foster parents. Workers are trying to fit everything in to a four-day work week. There is a need for more caseworkers to help out with the workload.

B. DCFS Interviews

- Workload is the number one challenge for caseworkers. High caseloads negatively impact workers' ability to provide quality services to families. Lower caseloads allow workers to go into the homes and do more direct intervention with families. The length of time cases remain open would be shortened if workers had lower caseloads. High caseloads negatively impact the frequency of family team meetings and productive home visits.
- Region administration is working hard to keep morale up, but it is difficult with the higher caseloads.
- Children in foster care are often placed outside of the region, which drastically increases visitation travel time. Some workers spend as much as 40 hours per month traveling to home visits. Many of the caseworkers prefer to not request courtesy supervision on their cases because having a courtesy caseworker visit the child in lieu of the primary caseworker is viewed as a disservice to the child. Part of permanency is having a consistent worker that visits the child on a regular basis. Workers' travel is highly scrutinized by administration.
- There is not enough time for the workers to do everything that is required within the 40-hour work week. It is a problem if there is overtime. It is not worth taking a day off because the workers get so far behind.
- It is difficult for new workers to learn the job when the caseloads are too high. Having a better understanding of the job would help new workers be more efficient.

- Workers have children and families that need the workers' undivided attention. Just one new case can add an enormous amount of work to the workload. Workers don't have the time to do the work they need and want to do.
- Workers have an enormous amount of responsibility, which is overwhelming. They have cases with children ranging from infants to TAL youth, which requires a lot of expertise in all services.
- Workers spend most of their time during the month doing paperwork. Some of the required paperwork is viewed as redundant. Workers often retype the same information into different mandatory documents. With higher caseloads, the paperwork requirements become even weightier. Workers would prefer to spend more time working directly with families and foster children and less time doing paperwork.
- The region continues to experience some turnover in caseworkers. When a worker leaves, it is up in the air if they will be able to replace them. The hiring freeze has been difficult for those workers who remain because their caseloads have increased. Losing workers is also hard on foster children because they often lose an experienced worker.
- Caseworkers are told they are cutting edge child welfare workers, but are not compensated accordingly. The level of pay devalues the important nature of the job. There has been no raise for workers. There is no overtime to accommodate higher caseloads. The state is slowly taking away financial benefits and incentives to stay with state employment.
- Workers don't feel valued for the work that they do and for the amount of stress they have to deal with. DCFS is a high stress job and workers often cannot leave that stress at the office. Many workers will move on to other employment when they are able.
- DCFS does not have a career ladder; workers have to change their job to get a pay increase. Some workers should be able to earn more money and remain as caseworkers due to the need to maintain expertise at that level.
- There is a need for more mentoring for workers and supervisors. It tends to be a "fly by the seat of your pants" process. Supervisors often don't have time to mentor so they look to the lead workers who have high caseloads and don't have time either.
- When permanency caseworkers are converted to CI caseload positions, it increases the caseload of the remaining permanency workers during a time when workers can barely meet the bare minimum requirements due to their workload.
- Some policy requirements are more challenging for rural areas; for example, visitation policy requires a child to be visited once a week for four weeks when a new placement is made. It is a challenge when children are placed out of the area.
- Many areas in the region continue to see an increase in the number of CPS cases. Drugs, particularly meth, and domestic violence are a couple of the primary contributors.
- The number of home-based cases is increasing and the number of foster care cases is decreasing. The number of children coming into custody is not increasing due to preventative services. The foster care cases tend to be more long-term as compared with the home-based cases.
- Over the past year the region has experienced a downward trend in the number of teenage youth in foster care. The hope is they are getting children home sooner.
- There is more stress on employees due to worrying about keeping their jobs.

- It would be nice to have legislators shadow caseworkers throughout the state so they have a better understanding of the caseworkers' workload.
- Rural areas have their own distinct personality. They have some unique needs and obstacles so city "cookie cutter" protocols often don't translate well to the rural areas.

IV. Child and Family Status, System Performance, Analysis, and Trends

The QCR findings are presented in graphic form to help quantify the observations of the qualitative assessment. Graphs show a comparison of scores for past years' reviews with the current review. The graphs of the two broad domains of Child and Family Status and System Performance show the percent of cases in which the key indicators were judged to be "acceptable." A six-point rating scale is used to determine whether or not an indicator is judged to be acceptable. Reviewers scored each of the cases reviewed using these rating scales. The range of ratings is as follows:

1: Completely Unacceptable
2: Substantially Unacceptable
3: Partially Unacceptable
4: Minimally Acceptable
5: Substantially Acceptable
6: Optimal Status/Performance

Child and Family Status and System Performance are evaluated using 21 key indicators. Graphs presenting the overall, summative scores for each domain are presented below. They are followed by graphs showing the distribution of scores for each indicator within each of the two domains. Later in this section brief comments regarding progress and examples from specific cases are provided.

Child and Family Status Indicators

The chart below contains the results of the Child and Family Status indictors for all 24 cases selected in the sample.

Eastern Child Status

	# of cases (+)	# of cases (-)	Standard Criteria 85% on overall score	FY06	FY07	FY08	FY09	**FY10 Current Scores**	**Trends**
Safety	21	3	88%	100%	96%	100%	100%	**88%**	
Stability	18	6	75%	83%	87%	83%	79%	**75%**	
Approp. of Placement	21	3	88%	92%	96%	100%	100%	**88%**	
Prospects for Permanence	15	9	63%	63%	61%	65%	88%	**63%**	
Health/Physical Well-being	23	1	96%	100%	100%	100%	100%	**96%**	
Em./Beh. Well-being	20	4	83%	88%	96%	87%	100%	**83%**	
Learning Progress	22	2	92%	88%	91%	91%	92%	**92%**	
Caregiver Functioning	15	0	100%	100%	94%	100%	100%	**100%**	
Family Resourcefulness	12	6	67%	69%	77%	83%	69%	**67%**	
Satisfaction	23	1	96%	88%	78%	87%	96%	**96%**	
Overall Score	**21**	**3**	88%	**100%**	**96%**	**96%**	**100%**	**88%**	Decreased but above standard

0% 20% 40% 60% 80% 100%

The chart below contains the results of the Child and Family Status indicators for all cases minus the four Creative Intervention cases.

Eastern Child Status

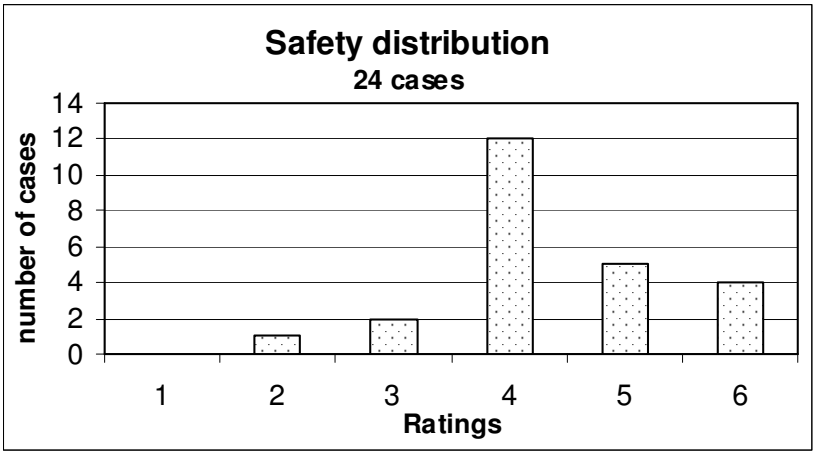
	# of cases (+)	# of cases (-)	Standard Criteria 85% on overall score	FY06	FY07	FY08	FY09	**FY10 Current Scores**	**Trends**
Safety	18	2	90%	100%	96%	100%	100%	**90%**	
Stability	16	4	80%	83%	87%	83%	79%	**80%**	
Approp. of Placement	19	1	95%	92%	96%	100%	100%	**95%**	
Prospects for Permanence	13	7	65%	63%	61%	65%	88%	**65%**	
Health/Physical Well-being	20	0	100%	100%	100%	100%	100%	**100%**	
Em./Beh. Well-being	17	3	85%	88%	96%	87%	100%	**85%**	
Learning Progress	20	0	100%	88%	91%	91%	92%	**100%**	
Caregiver Functioning	14	0	100%	100%	94%	100%	100%	**100%**	
Family Resourcefulness	10	4	71%	69%	77%	83%	69%	**71%**	
Satisfaction	19	1	95%	88%	78%	87%	96%	**95%**	
Overall Score	**18**	**2**	90%	**100%**	**96%**	**96%**	**100%**	**90%**	Decreased but above standard

0% 20% 40% 60% 80% 100%

Safety

Summative Questions: Is the child safe from manageable risks of harm (caused by others or by the child) in his/her daily living, learning, working and recreational environments? Are others in the child's daily environments safe from the child? Is the child free from unreasonable intimidation and fears at home and school?

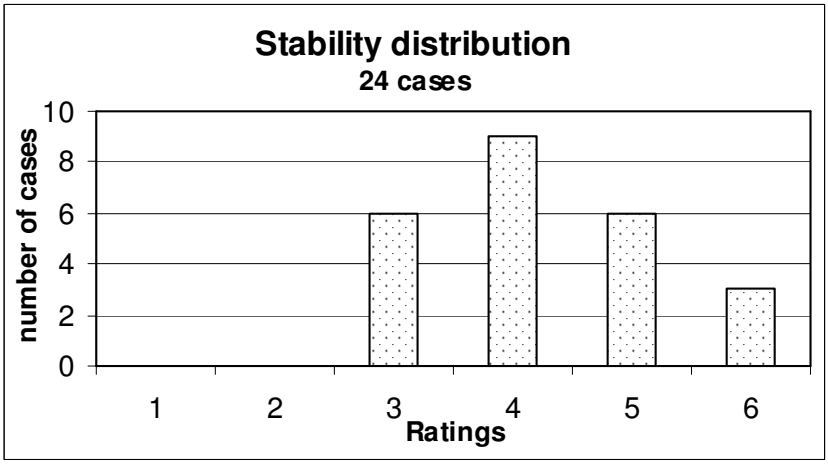
Findings: 88% of cases reviewed were in the acceptable range (4-6). This is a decrease from last year's score of 100%.



Stability

Summative Questions: Are the child's daily living and learning arrangements stable and free from risk of disruption? If not, are appropriate services being provided to achieve stability and reduce the probability of disruption?

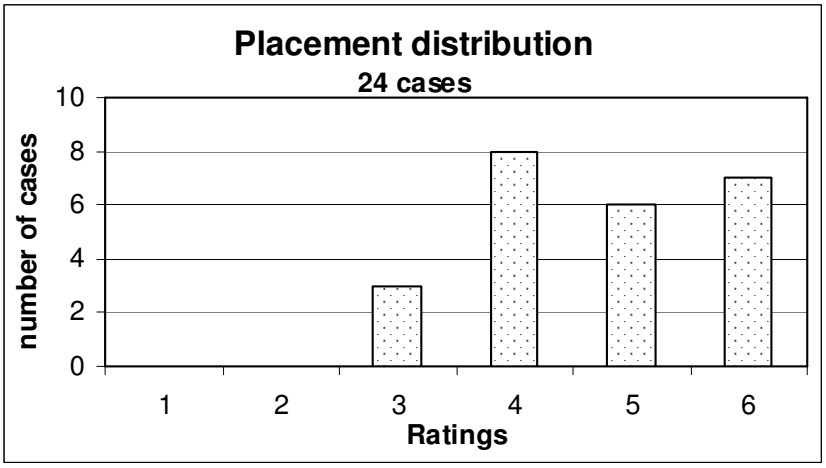
Findings: 75% of cases reviewed were in the acceptable range (4-6). This is a decrease from last year's score of 79%.



Appropriateness of Placement

Summative Questions: Is the child in the most appropriate placement consistent with the child's needs, age, abilities and peer group and consistent with the child's language and culture?

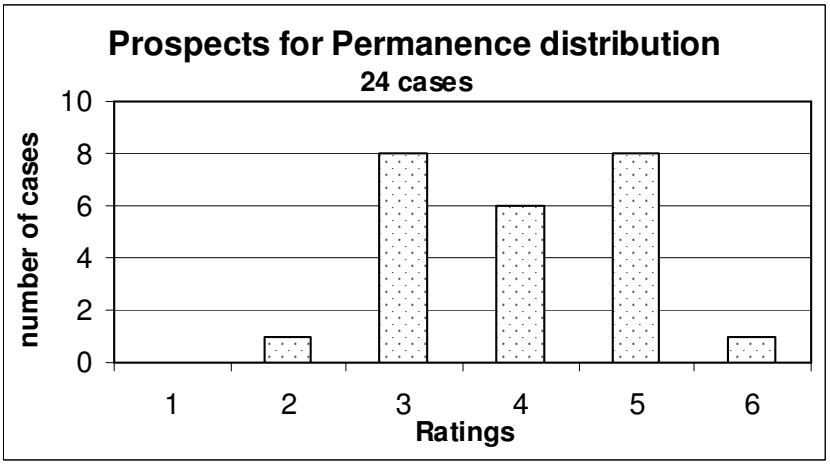
Findings: 88% of cases reviewed were in the acceptable range (4-6). This is a decrease from last year's score of 100%.



Prospects for Permanence

Summative Questions: Is the child living in a home that the child, caregivers, and other stakeholders believe will endure until the child becomes independent? If not, is a permanency plan presently being implemented on a timely basis that will ensure that the child will live in enduring relationships that provide a sense of family, stability, and belonging?

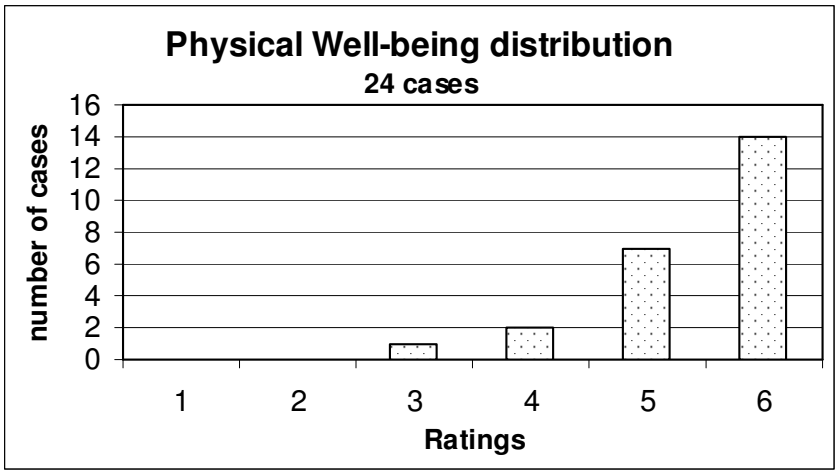
Findings: 63% of cases reviewed were within the acceptable range (4-6). This is a significant decrease from last year's score of 88%.



Health/Physical Well-Being

Summative Questions: Is the child in good health? Are the child's basic physical needs being met? Does the child have health care services, as needed?

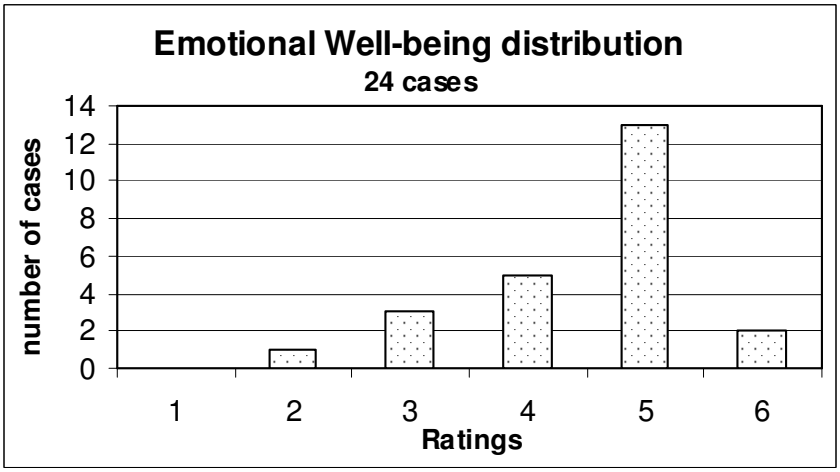
Findings: 96% of cases reviewed were in the acceptable range (4-6). This is a slight decrease from last year's score of 100%.



Emotional/Behavioral Well-Being

Summative Questions: Is the child doing well emotionally and behaviorally? If not, is the child making reasonable progress toward stable and adequate functioning, emotionally and behaviorally, at home and school?

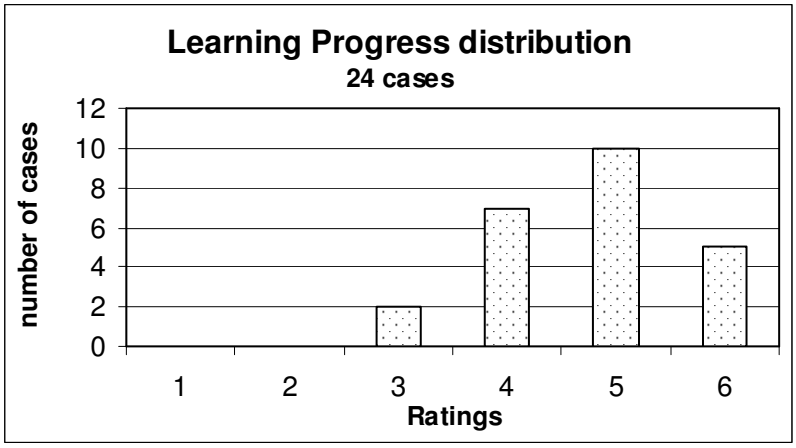
Findings: 83% of cases reviewed were within the acceptable range (4-6). This is a decrease from last year's score of 100%.



Learning Progress

Summative Question: (For children age five and older.) Is the child learning, progressing and gaining essential functional capabilities at a rate commensurate with his/her age and ability? Note: There is a supplementary scale used with children under the age of five that puts greater emphasis on developmental progress. Scores from the two scales are combined for this report.

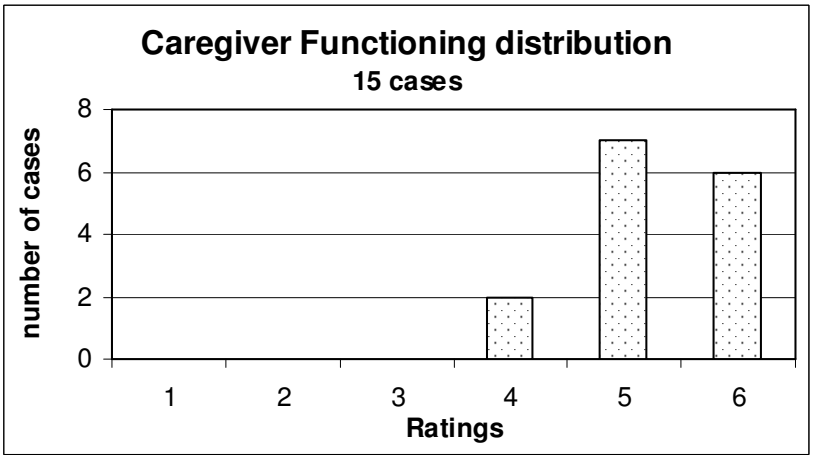
Findings: 92% of cases reviewed were within the acceptable range (4-6). This is the same percentage as last year.



Caregiver Functioning

Summative Questions: Are the substitute caregivers with whom the child is currently residing willing and able to provide the child with the assistance, supervision, and support necessary for daily living? If added supports are required in the home to meet the needs of the child and assist the caregiver, are these supports meeting the need?

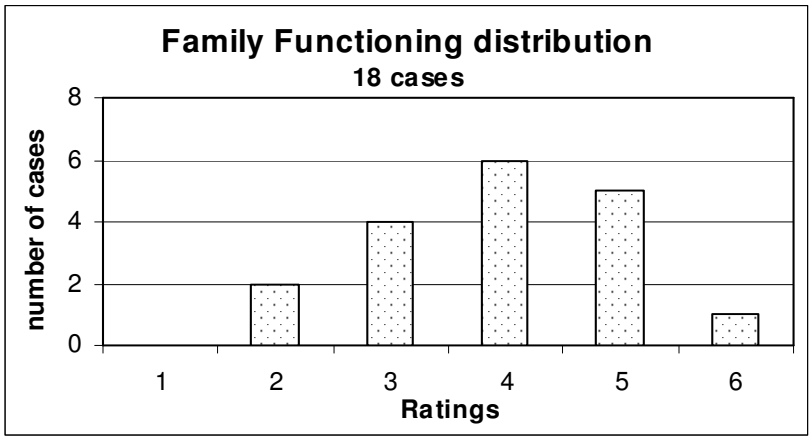
Findings: 100% of cases reviewed were in the acceptable range (4-6). The region maintained this excellent score for the third year in a row.



Family Functioning and Resourcefulness

Summative Questions: Does the family with whom the child is currently residing or has a goal of reunification have the capacity to take charge of its issues and situation, enabling them to live together safely and function successfully? Do family members take advantage of opportunities to develop and/or expand a reliable network of social and safety supports to help sustain family functioning and well-being? Is the family willing and able to provide the child with assistance, supervision, and support necessary for daily living?

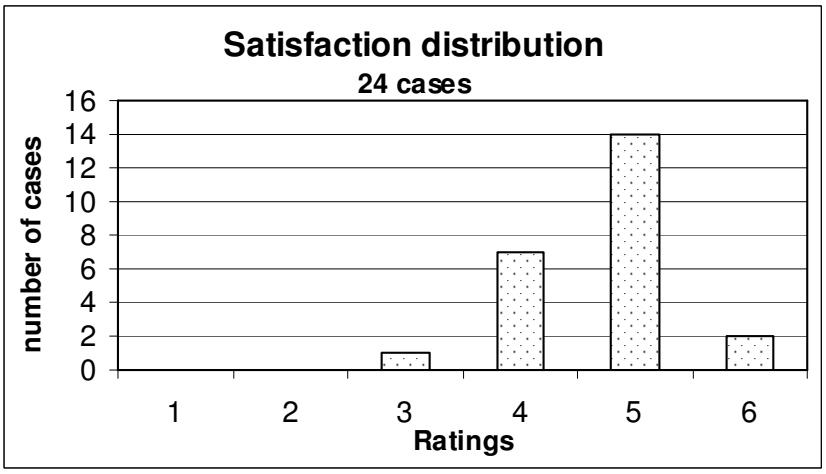
Findings: 67% of the cases that were scored on this indicator were within the acceptable range (4-6). This is a slight decrease from last year's score of 69%.



Satisfaction

Summative Question: Are the child, parent/guardian, and substitute caregiver satisfied with the supports and services they are receiving?

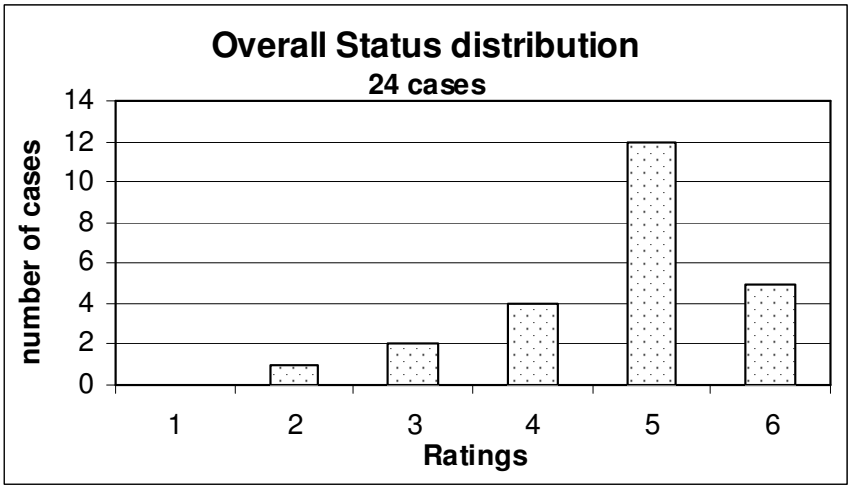
Findings: 96% of cases reviewed were within the acceptable range (4-6). The region maintained this high score for the second year in a row.



Overall Child and Family Status

Summative Questions: Based on the Qualitative Case Review findings determined for the Child and Family Status Exams 1-11, how well are this child and family presently doing? A special scoring procedure is used to determine Overall Child and Family Status using the 6-point rating scale. A special condition affects the rating of Overall Child and Family status in every case: The Safety indicator always acts as a "trump" so that the Overall Child and Family status rating cannot be acceptable unless the Safety indicator is also acceptable.

Findings: 88% of cases reviewed were within the acceptable range (4-6). The Overall Child and Family Status score decreased from last year's score of 100%.



System Performance Indicators

The chart below contains the results of the System Performance indictors for all 24 cases selected in the sample.

Eastern System Performance

	# of cases (+)	# of cases (-)	Standard Criteria 70% on Shaded indicators Standard Criteria 85% on overall score	FY06	FY07	FY08	FY09	**FY10 Current Scores**	**Trends**
C&F Team/Coordination	14	10	58%	75%	74%	65%	79%	**58%**	Marked decline in performance
C&F Assessment	12	12	50%	50%	65%	57%	75%	**50%**	Marked decline in performance
Long-term View	11	13	46%	54%	65%	65%	88%	**46%**	Marked decline in performance
C&F Planning Process	15	9	63%	83%	83%	87%	83%	**63%**	Decreased and below standard
Plan Implementation	22	2	92%	92%	100%	96%	100%	**92%**	Decreased but above standard
Tracking & Adaptation	19	5	79%	88%	78%	78%	88%	**79%**	Decreased but above standard
C&F Participation	19	5	79%	92%	83%	74%	96%	**79%**	
Formal/Informal Supports	22	2	92%	96%	96%	96%	100%	**92%**	
Successful Transitions	14	8	64%	81%	85%	65%	82%	**64%**	
Effective Results	19	5	79%	100%	87%	78%	100%	**79%**	
Caregiver Support	14	0	100%	100%	94%	93%	100%	**100%**	
Overall Score	**20**	**4**	83%	**88%**	**83%**	**78%**	**96%**	**83%**	Decreased and below standard

The chart below contains the results of the System Performance indicators for all cases minus the four Creative Intervention cases.

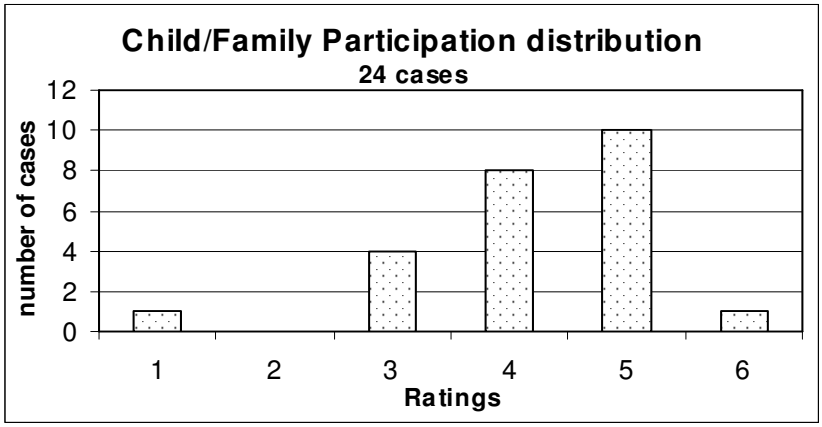
Eastern System Performance

	# of cases (+)	# of cases (-)	Standard Criteria 70% on Shaded indicators Standard Criteria 85% on overall score	FY06	FY07	FY08	FY09	**FY10 Current Scores**	**Trends**
C&F Team/Coordination	13	7	65%	75%	74%	65%	79%	**65%**	Decreased and below standard
C&F Assessment	12	8	60%	50%	65%	57%	75%	**60%**	Marked decline in performance
Long-term View	10	10	50%	54%	65%	65%	88%	**50%**	Marked decline in performance
C&F Planning Process	14	6	70%	83%	83%	87%	83%	**70%**	Decreased but above standard
Plan Implementation	19	1	95%	92%	100%	96%	100%	**95%**	Decreased but above standard
Tracking & Adaptation	16	4	80%	88%	78%	78%	88%	**80%**	Decreased but above standard
C&F Participation	17	3	85%	92%	83%	74%	96%	**85%**	
Formal/Informal Supports	20	0	100%	96%	96%	96%	100%	**100%**	
Successful Transitions	14	5	74%	81%	85%	65%	82%	**74%**	
Effective Results	18	2	90%	100%	87%	78%	100%	**90%**	
Caregiver Support	13	0	100%	100%	94%	93%	100%	**100%**	
Overall Score	**19**	**1**	95%	**88%**	**83%**	**78%**	**96%**	**95%**	Decreased but above standard

Child and Family Participation

Summative Questions: Are family members (parents, grandparents, and stepparents) or substitute caregivers active participants in the process by which service decisions are made about the child and family? Are parents/caregivers partners in planning, providing, and monitoring supports and services for the child? Is the child actively participating in decisions made about his/her future?

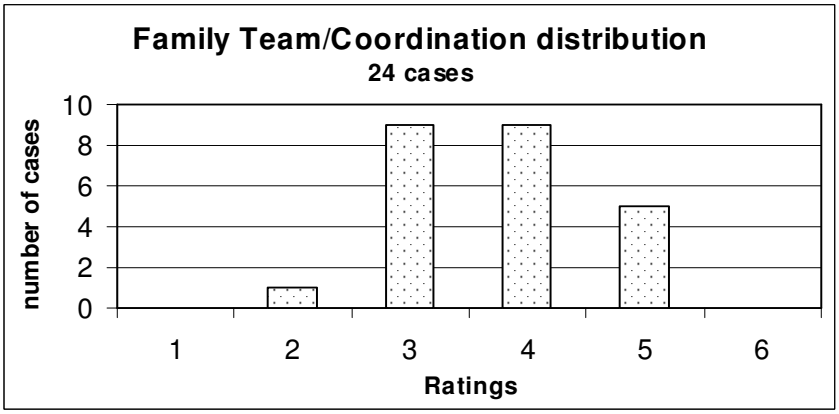
Findings: 79% of cases reviewed were within the acceptable range (4-6). This is a decrease from last year's score of 96%.



Child and Family Team and Coordination

Summative Questions: Do the people who provide services to the child/family function as a team? Do the actions of the team reflect a pattern of effective teamwork and collaboration that benefits the child and family? Is there effective coordination and continuity in the organization and provision of services across all interveners and service settings? Is there a single point of coordination and accountability for the assembly, delivery, and results of services provided for this child and family?

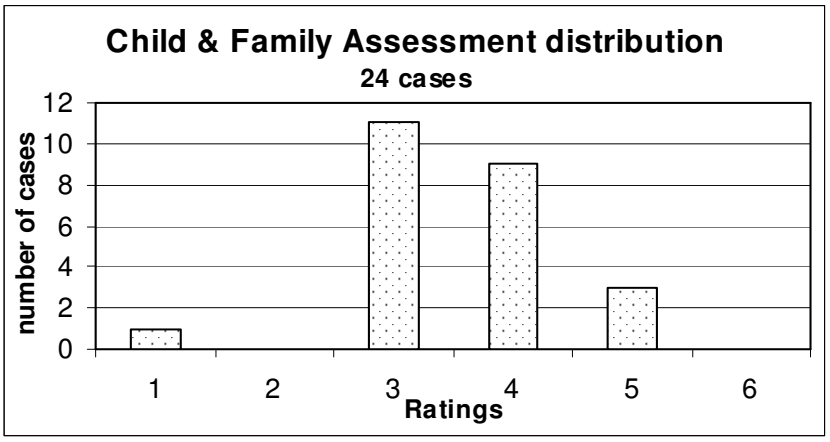
Findings: 58% of cases reviewed were within the acceptable range (4-6). This is a significant decrease from last year's score of 79%.



Child and Family Assessment

Summative Questions: Are the current, obvious and substantial strengths and needs of the child and family identified through existing assessments, both formal and informal, so that all interveners collectively have a "big picture" understanding of the child and family and how to provide effective services for them? Are the critical underlying issues identified that must be resolved for the child to live safely with his/her family independent of agency supervision or to obtain an independent and enduring home?

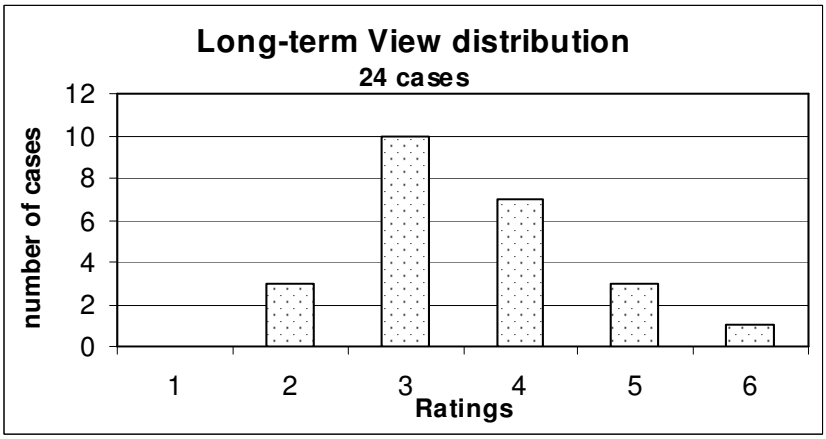
Findings: 50% of cases reviewed were in the acceptable range (4-6). This is a significant decrease from last year's score of 75%.



Long-Term View

Summative Questions: Is there an explicit plan for this child and family that should enable them to live safely and independent from the child welfare system? Does the plan provide direction and support for making smooth transitions across settings, providers and levels of service?

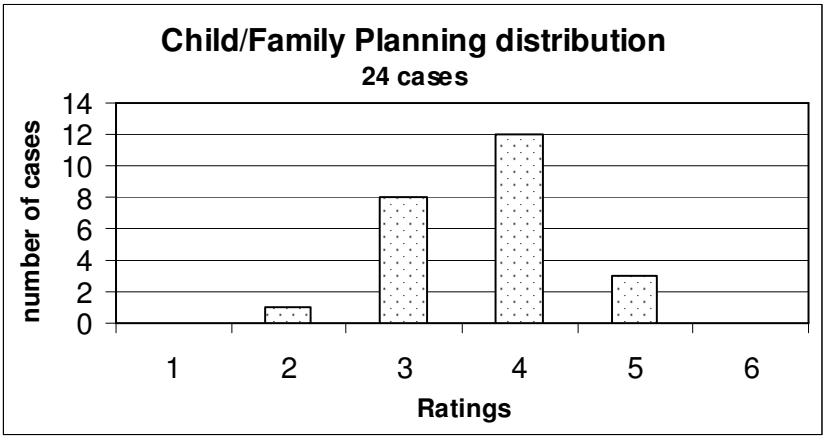
Findings: 46% of cases reviewed were within the acceptable range (4-6). This is a significant decrease from last year's score of 88%.



Child and Family Planning Process

Summative Questions: Is the Child and Family Plan individualized and relevant to needs and goals? Are supports, services and interventions assembled into a holistic and coherent service process that provides a mix of elements uniquely matched to the child/family's situation and preferences? Does the combination of supports and services fit the child and family's situation so as to maximize potential results and minimize conflicting strategies and inconveniences?

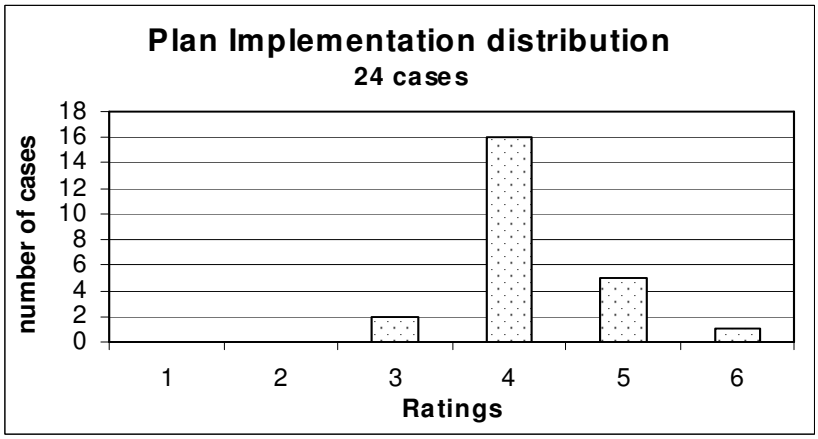
Findings: 63% of cases reviewed were within the acceptable range (4-6). This is a significant decrease from 83% last year.



Plan Implementation

Summative Questions: Are the services and activities specified in the child and family plan 1) being implemented as planned, 2) delivered in a timely manner, and 3) at an appropriate level of intensity? Are the necessary supports, services and resources available to the child and family to meet the needs identified in the plan?

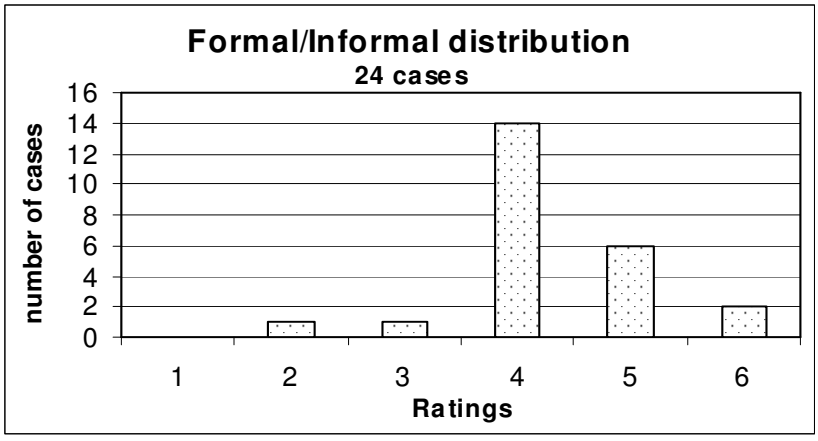
Findings: 92% of cases reviewed were within the acceptable range (4-6). This is a decrease from last year's score of 100%.



Formal and Informal Supports and Services

Summative Questions: Is the available array of school, home, and community supports and services provided adequate to assist the child and family reach levels of functioning necessary to achieve the goals of the child and family plan and for the child to make developmental and academic progress commensurate with age and ability?

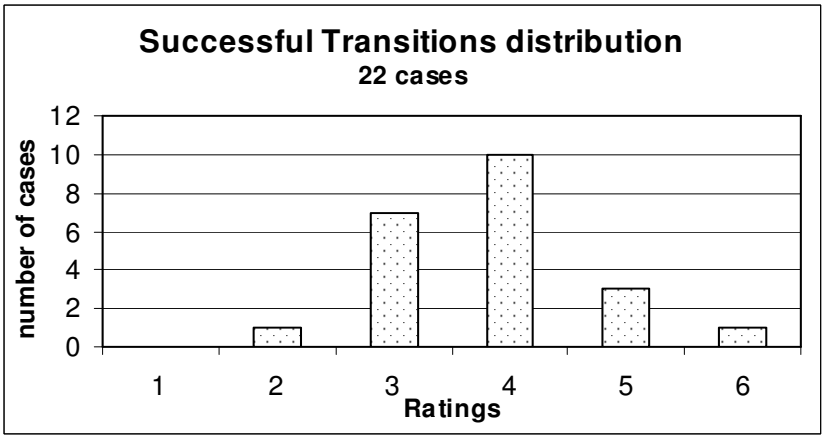
Findings: 92% of cases reviewed were within the acceptable range (4-6). This is a decrease from last year's score of 100%.



Successful Transitions

Summative Questions: Is the next age-appropriate placement transition for the child being planned and implemented to assure a timely, smooth and successful situation for the child after the change occurs? If the child is returning home and to school from a temporary placement in a treatment or detention setting, are transition arrangements being made to assure a smooth return and successful functioning in daily settings following the return?

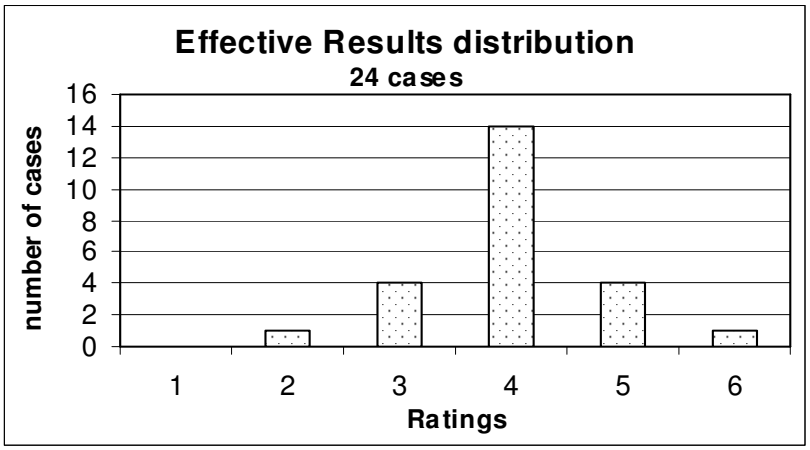
Findings: 64% of cases reviewed were within the acceptable range (4-6), which is a significant decrease from last year's score of 82%.



Effective Results

Summative Questions: Are the planned education, therapy, services, and supports resulting in improved functioning and achievement of desired outcomes for the child and family that will enable the child to live in an enduring home without agency oversight?

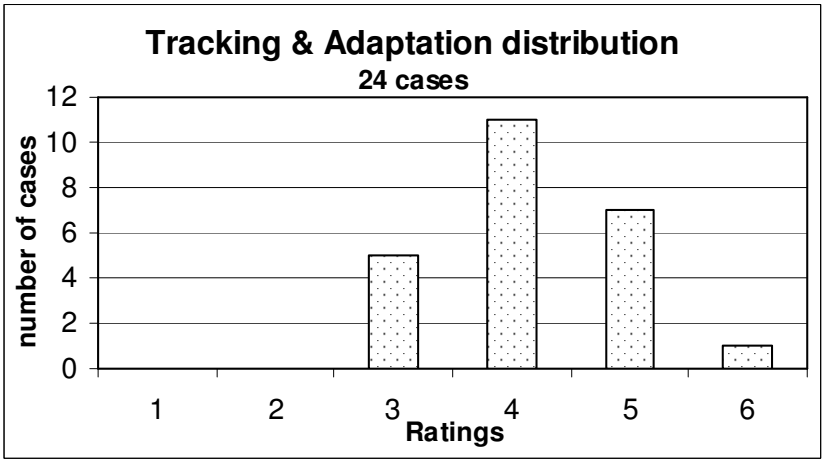
Findings: 79% of cases reviewed were within the acceptable range (4-6). This is a decrease from last year's score of 100%.



Tracking and Adaptation

Summative Questions: Are the child and family status, service process, and results routinely followed along and evaluated? Are services modified to respond to the changing needs of the child and family and to apply knowledge gained about service efforts and results to create a self-correcting service process?

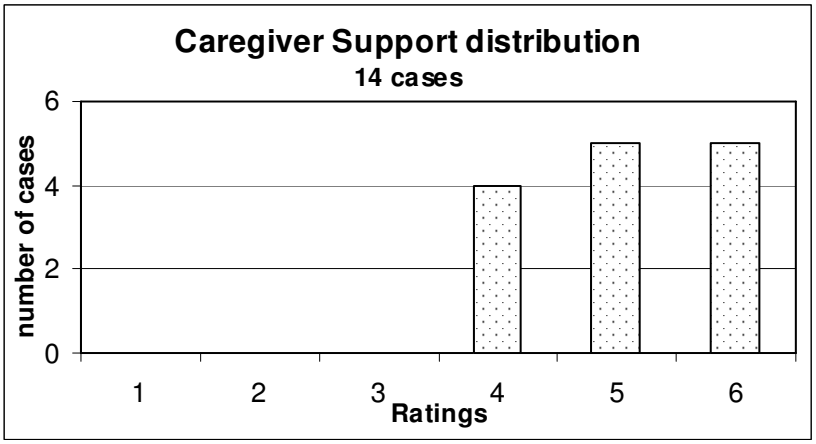
Findings: 79% of cases reviewed were in the acceptable range (4-6). This is a decrease from last year's score of 88%.



Caregiver Support

Summative Questions: Are the substitute caregivers in the child's home receiving the training, assistance and supports necessary for them to perform essential parenting or care giving functions reliably for this child? Is the array of services provided adequate in variety, intensity and dependability to provide for caregiver choices and to enable caregivers to meet the needs of the child while maintaining the stability of the home?

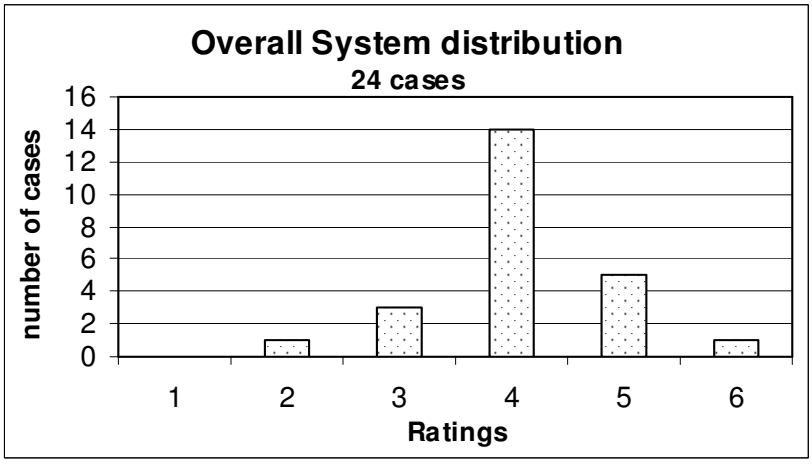
Findings: 100% of cases reviewed were in the acceptable range (4-6). This is the same excellent percentage as last year.



Overall System Performance

Summative Questions: Based on the Qualitative Case Review findings determined for System Performance exams 1-11, how well is the service system functioning for this child now? A special scoring procedure is used to determine Overall System Performance for a child.

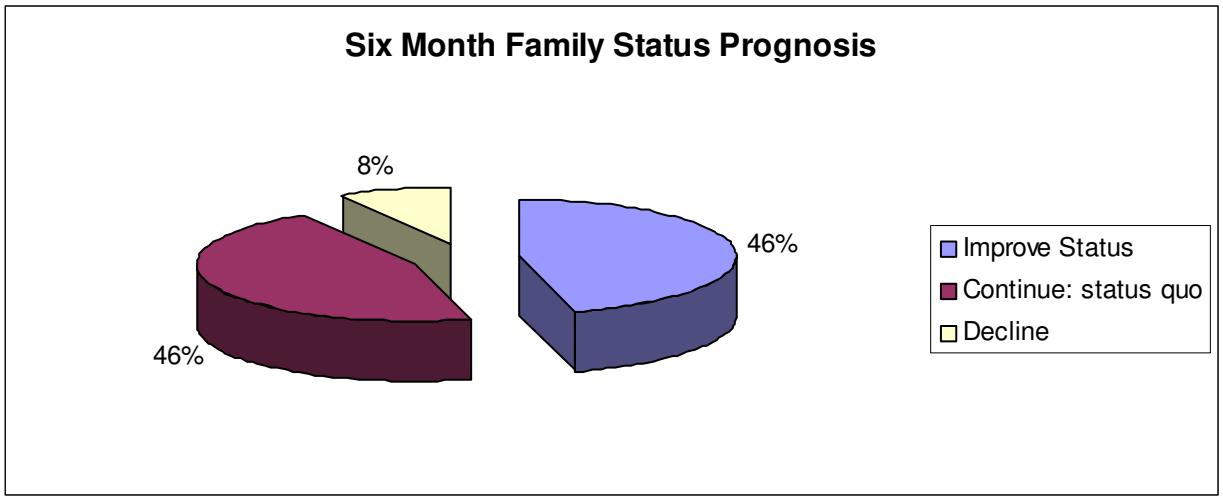
Findings: 83% of cases reviewed were within the acceptable range (4-6). The Overall System Performance score decreased from last year's score of 96%.



Status Forecast

One additional measure of case status is the reviewers' prognosis of the child and family's likely status in the next six months, given the current level of system performance. Reviewers respond to this question: "Based on current DCFS involvement for this child, family, and caregiver, is the child's overall status likely to improve, stay about the same, or decline over the next six months?"

Of the 24 cases reviewed, 46% (11 cases) anticipated an improvement in the child's status over the next six months. In 46% (11) of the cases, the child's status was likely to stay about the same. There were two cases that were anticipating that the child's status would decline over the next six months.



A case with a prognosis of "likely to improve" over the next six months is considered positive. The question then becomes, what about the cases where it is anticipated that things will "stay about the same" over the next six months? For a family that is doing well, a prognosis of staying about the same could be positive. For a family or child with poor status, it would be negative to be in the same position in six months. The data indicates that of the 11 cases with a prognosis of staying about the same over the next six months, all 11 cases had acceptable ratings on Overall Child Status. Of those 11 cases, ten were rated as either substantially acceptable or optimal status so it would be a positive expectation for those to continue status quo. Of the three cases in the sample that had unacceptable rating on Overall Child Status, all three cases had a prognosis that the child's status would improve over the next six months. Of the total 24 cases in the review, two cases had a negative prognosis. The case stories indicate the primary reasons for the negative prognosis includes: the lack of teaming, lack of agreement on the long-term view, lack of attention to the child's underlying needs, and a parent's unwillingness to take ownership of her issues.

Outcome Matrix

The display below presents a matrix analysis of the service testing results during the current QCR. Each of the cells in the matrix shows the percent of children and families experiencing one of four possible outcomes:

- Outcome 1: child and family status acceptable, system performance acceptable
- Outcome 2: child and family status unacceptable, system performance acceptable
- Outcome 3: child and family status acceptable, system performance unacceptable
- Outcome 4: child and family status unacceptable, system performance unacceptable

The desired result is to have as many children and families in Outcome 1 as possible and as few in Outcome 4 as possible. It is fortunate that some children and families do well in spite of unacceptable system performance (Outcome 3). Experience suggests that these are most often either unusually resilient or resourceful children and families, or children and families who have some "champion" or advocate who protects them from the shortcomings of the system. Unfortunately, there may also be some children and families who, in spite of good system performance, do not do well (these children and families would fall in Outcome 2).

The outcome matrix for children and families reviewed during the Eastern Region review indicates that 75% of the cases had acceptable ratings on both Child Status and System Performance. There was one case that rated unacceptable on both Child Status and System Performance.

	Favorable Status of Child	**Unfavorable Status of Child**
	Outcome 1	**Outcome 2**
Acceptable System Performance	Good status for the child, agency services presently acceptable. n=18 75%	Poor status for the child, agency services minimally acceptable but limited in reach or efficacy. n=2 8.3%
	Outcome 3	**Outcome 4**
Unacceptable System Performance	Good status for the child, agency mixed or presently unacceptable. n=3 12.5%	Poor status for the child, agency presently unacceptable. n=1 4.2%

Summary of Case Specific Findings

Case Story Analysis

For each of the cases reviewed in Eastern Region, the review team produced a narrative shortly after the review was completed. The case story narrative contains a description of the findings, explaining from the reviewers' perspective what seems to be working in the system and what needs improvement. Supplementing the numerical scores, the case stories help to provide insight into how system performance affects important outcomes for particular children and families. The case stories are provided as feedback to the caseworker and supervisor responsible for each case reviewed, and all of the case stories are provided to the Office of Services Review for content analysis and comparison with previous reviews.

The summary of case specific findings provides selected examples of results and practice issues highlighted in the current review. Because some of the results are self-evident or have been stable at an acceptable level, only the key Child Status indicators and core System Performance indicators are included.

Child and Family Status

Safety

The safety indicator represents one of the fundamental responsibilities of the child welfare system. Although there is no perfect guarantee of safety under any circumstances (within or outside of the child welfare system), safety is more likely when key indicators of system performance are reliably present. Safety is a "trump" exam meaning that overall child status on each case is acceptable only when safety is rated in the acceptable range. Safety is scored in two separate areas- safety for the child and the child's risk to others.

In the cases that had an acceptable score in safety, the safety issues had been identified and addressed in the plan and by the team. The following case exemplifies how good safety planning can effectively manage an identified safety risk.

> *[Target child] is very safe. Her paternal grandparents have been taking care of her most of her life and have maintained a long history of keeping her safe. The grandparents are complying with the safety plan and she does not have visits with her parents unsupervised at this time. The schoolteacher said that she has no safety concerns with her family or with [target child] being a safety concern to others. The grandmother is very involved at the school and volunteers often. There is good communication between the home and school to address any concerns. The school had a safety plan in place in case [target child's] parents tried to remove her from the school, although this was not a concern to anyone interviewed. The parents have been very appropriate and followed all safety and visitation plans.*

The following case example illustrates how inadequate safety planning can fail to appropriately manage identified safety issues.

In March 2010, [grandmother's] mother became angry with her for not allowing certain family members with substance abuse problems to be around [target child]. [Grandmother] requested her mother to leave her home and her mother assaulted her while [target child] and a cousin watched TV in another room. [Grandmother] filed a police report but declined to file charges because it was her mother. No CPS investigation was referred. The caseworker was aware of the incident, but no safety plan was formalized to prevent future problems. [Grandmother] and her son have been unable to be present in the same Child and Family Team meeting because of the extreme conflict and tension between them. However, team members have believed that [father] has been doing better with his mother and he was able to be at her house over Mother's Day without incident. However, during this review, [grandmother] reported that her son was at her house in the past week and he became angry that she had enrolled [target child] in summer camp. He started yelling, threatening and intimidating his mother. [Target child] was home at the time. Furthermore, [target child] reported to his grandmother that during his recent visit with his father that he was allowed to go to his neighbor's house. [Target child] reported that the neighbor was drunk and was cursing at him. This had not been reported to DCFS at the time of the interviews. [Target child's] exposure to continued violence in his grandmother's home as well as the report of inappropriate supervision during a home visit puts [target child] in an unsafe situation and raises concern about the appropriateness of his current placement based on the grandmother's difficulty in setting boundaries with family to prevent violence and altercations.

There were three cases in which safety was rated as unacceptable. In two of the cases, the child's safety was considered to be at risk. In one of the three cases, the child's safety was adequate, but the child was considered to be a risk to the safety of others. One of the cases (above) involved a 6-year-old foster child residing in a licensed kinship placement. Safety concerns centered on the child's ongoing exposure to domestic violence in the foster home as well as inappropriate supervision while the child was on home visits. Another case that struggled on safety involved a 14-year-old child residing in a kinship placement. There were safety concerns for the child due to recently supported allegations of physical abuse by the relative caregiver. The third case that had an unacceptable rating on safety involved a 7-year-old child who was residing with his parent. The child was considered a risk to others due to the child's emotional and behavioral issues. The child was aggressive with peers at school and in the community. He would physically attack other children. He had recently brought a knife to school. The child's unpredictable behavior made it difficult for the team to create an intervention that would keep him and other children safe.

Stability

Stability is an important indicator of well-being for children, especially for those in foster care. Stability in caring relationships and consistency of settings and routines are essential for a child's sense of identity, security, attachment, trust, and optimal social development. The following case story illustrates the benefits of maintaining consistency in a child's living arrangements, school, services, and peer group.

Since being placed in August there has been only one interruption in [target child's] placement. In December 2009 [target child] was placed in detention for two days. He has remained in the same "level three" home (same foster parents), maintained the same caseworker, attended the same school, has been seen by the same therapist and had the same Creative Intervention Specialist (CIS). For the past four months he has consistently had visits with his mother. The school representative indicated that [target child] has established a relationship with a group of "good kids" at school and plays basketball during his lunch hour each day with these boys. His foster mother also indicated that he was well received and had a good relationship with members of his church. He was developing positive relationships, particularly with those involved in the scouting program. Even though he has remained in a level three placement the entire time of being in care, he has lived a significantly consistent, predictable life and has developed some positive relationships at school and in his community.

Instability in living arrangements and caregivers as well as significant changes in important relationships can have a negative impact on a child. One case story illustrates how uncertainty about the stability of a child's living arrangements can be problematic.

Due to the current status of the child moving from the foster home to his father's home, and the effect it has on the child, and due to the plan to continue reunification efforts, the child is not in a long-term stable situation. Even if temporary custody is given to the father, there is a good probability he will be removed from his care and returned to his mother's care, then possibly returned to the state's care again within the next year. More time is needed to show that the child will be in a stable situation and maintain that stability.

There were six cases in which stability was rated as unacceptable. Review of the case demographics indicates that four of the cases were foster care cases and two cases were home-based cases. Four of the six children who struggled with stability were teenagers ranging from age 13 to 18 years old. The other two children were 4 and 7 years old. Three of the six cases that struggled on stability involved children residing in higher levels of care such as proctor and residential care. Of the remaining three cases, one child was in a basic level foster home, one child resided with the mother, and another child resided with an aunt. Case demographics suggest that stability can be a challenge for all case types, living arrangements, and age groups. Review of the case stories indicates that stability was problematic for two primary reasons: the child experienced multiple changes in placement which resulted in a change in key connections or relationships such as the child's caretaker, school, therapist, and peer group (3 cases), and/or team members anticipating another disruption in the child's living arrangement and caregiver (4 cases). In the three cases experiencing multiple placements, the child's behavior issues were identified as the primary reason for the placement changes. In the four cases anticipating another disruption in placement, the instability of the parent or relative was the primary concern. Five of the six cases that had unacceptable ratings on stability also struggled with the child's prospects for permanence.

Prospects for Permanence

Permanency is widely recognized as a primary outcome for children in the child welfare system. Every child is entitled to a safe, secure, appropriate, and permanent home. The following case is an example of a family member ensuring that the permanency needs of the child were met.

> *Legal permanency was achieved on May 11, 2010 when legal guardianship and custody was given to the paternal grandmother. The child very much likes his placement. The parents' rights have not been terminated. The parents plan to "fix" themselves so they can petition the courts to get their kids back. The grandmother was concerned that they might do this, so she requested that the parents would have to petition the courts to show they have truly changed. The courts granted the grandmother's request so that it will not be easy for the parents to have the child and his sibling returned to their custody since they have to show they are truly capable of being sober and that there is a problem with the children staying with the paternal grandmother. Permanency has been established in court.*

Inadequate permanency often results when a child is not residing with caregivers where the relationship is expected to endure until the child becomes an adult. The plan for meeting a child's need for permanency is considered unacceptable if the child does not have enduring relationships that provide a sense of family, stability, and belonging as demonstrated in the following case example.

> *At the time of the staffing, the parents had made some progress, but [mother] had just been released from jail because of her relapse. [Father] was still in the very beginning stages of drug treatment. The tone of the meeting was that there was not enough to terminate parental rights at that time, and to move forward and assess again in two months. The parents had again made progress by the first permanency hearing in February, and an extension was granted. By the time the second permanency hearing was held in May, the parents had continued their sobriety. In the interviews of team members, the reviewers sensed that the children were sent home because there was not another option other than to send them home, as the Adoption and Safe Families Act timelines were upon them. It felt that the decision to send them home was not based upon safety, but because there was not another option. Had there been an option for the children to remain in care, the reviewers felt the team would have opted to keep the children in care while they continued to work on their sobriety. With that undertone driving the case, it was concerning to the reviewers that the children were sent home without a concurrent plan. When asked what the concurrent plan was, the reviewers received several different answers that included the grandparents adopting them without DCFS intervention, a neighbor being able to take them, and the paternal cousin in Salt Lake. Some team members saw no need for a concurrent plan. Again, given their history with drug use and [father's] ability to stay sober while there is oversight into his day-to-day routines but not stay sober if it isn't there is concerning. There was only one team member who expected the children to remain in the home of their parents. All other team members were only hopeful the children would achieve permanency with their parents.*

There were nine cases in which the child's prospects for permanence were rated as unacceptable. Review of the case demographics indicates that the majority of the cases were foster care cases (7 cases). Of the seven children residing in foster care, six were teenagers, five of which were residing in higher levels of care such as proctor and residential care. Of the nine cases that struggled with permanency, three of the children were residing with a parent or relative. In those cases, concerns regarding the caregivers' ability to provide an enduring safe environment for the child resulted in the negative prospect for permanence. Review of the case stories in which prospects for permanence was rated as unacceptable indicates that eight of the cases shared the same primary concern. That concern was questions about the permanency plan being achievable or sustainable. The questions often stemmed from issues related to both the caregiver's capacity as well as the child's behavior issues. Four of the cases also identified inadequate concurrent planning as a contributing factor to prospects for permanence being rated as unacceptable.

System Performance

Child and Family Team and Coordination

The use of child and family teams is a core aspect of the Practice Model and leads to success in many other areas of system performance. Effective teaming is often mentioned as a key element in cases that scored well on overall system performance. Consider the following example.

> *The foster parents reported they were involved in the team and that they had a voice in all of the decision-making. Child and Family Team meeting notes indicated their presence and involvement in the planning process. The team consisted of the most important supports and decision makers for [target child]. Everyone except for the caseworker indicated that the foster parents were the head of the team and that they were responsible for calling team meetings when necessary. Team meetings occurred frequently. Some meetings included all of the team and some just included those who were necessary to make decisions on particular issues. Everyone indicated that most team meetings were held at the convenience of the family and most often occurred in the therapist's office. The foster parents indicated that the caseworker ultimately had the decision making power.*

Inadequate teaming leads to ineffective planning. The case below demonstrates how having key members not involved in the teaming results in a lack of shared information and diminished understanding of the case plan.

> *The team consists primarily of a few DCFS employees and the father. Key members such as [target child's] teacher and therapist don't feel a part of the team. [Father's] therapists have attended one meeting and are unsure about what their role is in the team. Scheduling and coordination is reportedly done with short notice which does not enable key professionals to be present at the meetings, yet all of them expressed willingness and desire to be present and feel it would be beneficial to the services they provide their clients. The grandmother feels that DCFS listens to her but she feels that she misses a lot*

of information by not being able to participate in the Child and Family Team meetings. She gets mixed messages from her son and DCFS and it would be helpful to hear the information and plans during the meeting.

There were ten cases that rated as unacceptable on Child and Family Teaming and Coordination. Review of these ten case stories revealed two primary concerns. The concern mentioned most often was key members missing from the team (8 cases). Missing key members included relatives, therapist, probation officer, school, substance abuse counselor, church, DWS, and a vocational rehabilitation worker. Missing key team members translated into a lack of information sharing, ineffective planning, and poor coordination of services. The other primary concern, mentioned in four of the cases, was not having the whole team meet together face-to-face for planning and coordination purposes. As a result, team members were often not on the same page regarding case plans and the status of the case.

Child and Family Assessment

Formal and informal assessments are critical in developing an understanding of the child and family and how to best provide effective services for them. The following example exemplifies how good use of formal and informal assessments enhanced a team's planning and intervention for a very special needs toddler.

With the number of agencies involved in providing services to [target child] and his foster family, formal assessments are plentiful. Reviewers received access to his medical assessment completed at [a local children's medical center], which addressed the challenges facing [target child] and the excellent commitment of the foster mother. If [target child's] care becomes too complex for the family, [target child] likely qualifies for placement at the [local community hospital]. The family received a brochure explaining services available at this facility. Informal assessments include the monthly monitoring provided by the DCFS caseworker as well as the observations provided by the foster mother. Team members stressed to reviewers that had the foster mother not noticed issues and responded appropriately, [target child] might not have survived to his second birthday.

Lack of a good, shared assessment among team members can lead to poor planning and ineffective results. The case example below demonstrates how lack of assessment can result in key issues not being adequately addressed.

The critical issue for the parents to be assessed was their follow through on the service plan. Substance abuse history and services needed were also important to know in this case. There was a SASSI assessment completed that recommended therapy services to address substance abuse. That assessment was not in the file. The child did not receive any formal assessments. This may have been due to the status of the case as an in-home rather than a foster care case and the fact that the child did not present any mental health needs. There was also a need for informal routine assessment of the parent's follow through on services. Timeliness of analysis of information was also a concern.

Although the parents were required to call in and complete routine UA's, there was a period of time when the information for the UA's was not analyzed until it was learned that the parents were not following through on services. A later analysis showed that the parents had either skipped the UA's or showed up as positive. When the information was discovered and analyzed, the results led to the removal of the children. Had the information been learned earlier, it may have resulted in a shorter time for relapse of the parents in their drug use. In addition, domestic violence was not well assessed. There had been no communication with the schoolteacher. The teacher indicated that if she knew a little bit about the situation, she would have approached the child differently than she had with his social skills development. The child did not receive a medical assessment, as you would with other foster care cases.

There were 12 cases that struggled with Child and Family Assessment. Review of those case stories indicates two primary concerns. The concern identified most often was a missing or incomplete assessment of the parent or child's key needs or issues (10 cases). Key issues that would have benefitted from additional assessment included: substance abuse history, mental health, domestic violence, educational difficulties, medical needs, underlying needs, independent living skills, and family history. Lack of assessment of key issues often translated into problems ensuring the appropriate services were in place. The other primary concern, mentioned in five of the cases, was team members' lack of understanding regarding the child or family's issues or needs as a reason the assessment was considered inadequate. Of the 12 cases with unacceptable rating on Child and Family Assessment, 11 cases were home-based cases. In fact, none of the home-based cases in the region sample had assessments that were rated as acceptable. The case stories suggest another challenge connected with home-based cases. Six of the home-based case stories indicate that the assessments were focused almost exclusively on whoever was considered the primary reason for the case being open, whether the parent or the child.

Long-Term View

A long-term view addresses a child's need for enduring safety and permanency. A long-term view helps create a plan for the family that should enable them to live safely and independent from the child welfare system. The following case example demonstrates how concurrent planning is also an important part of an effective long-term view.

The team sees the child as being able to achieve and maintain safety through the current service plan. The child has several options for maintaining safety and achieving and maintaining permanency. There are specific steps outlined in the service plan. One is to reunify with the mother if the mother will follow through on her service objectives – that of achieving sobriety and following through with aftercare. The plan also addresses other identified needs to help the mother maintain an appropriate level of safety through finishing up her parenting skills development and showing that she can incorporate what she has learned. It also addresses the need for the mother to obtain stable employment and a stable home. These are some of the steps for the mother to be at an acceptable level to care for her child. The other plan is guardianship with the father. His steps are well outlined in the plan as well, and his plan objectives are similar to the biological

mother. The father has done well on his plan and he has almost completed the requirements of his service objectives. Team members are at a level of confidence that if the child is returned to the care of his father, he will be safe and he will likely be safe from future risks. Although the permanency plan is to place the child under a temporary custody order, it is expected that if the mother fails in any manner on her plan, he will be the permanent placement for the child. The concurrent plan is being implemented through extended visits with the father and moving toward temporary custody. Aside from that there is the third plan, which is adoption. The child was placed in a pre-adoptive placement. Those foster parents plan to adopt the other two children should the mother not succeed in her plan. They are willing to adopt the target child also if something should go wrong.

An inadequate long-term view can translate into fragmented planning and decrease the likelihood of success in future transitions as illustrated in the case example below.

The long-term view is unclear. If [target child] is not able to maintain her behavior in the foster home, the case could take a big turn away from reunification if she is placed in residential care and reunification services are terminated. It is doubtful the services outlined will produce desired results since the [proctor] program seems to be a poor match for [target child's] needs and has not produced measurable results over the four months she has been in the home. In fact, [target child's] behavior has escalated in the stricter environment. Several who were interviewed for the review described at least two occasions when the team has been at a loss as to which direction the case should go and what they should do; once when they turned to the child and asked her to create a plan and another time in court when they could not agree on what to recommend to the judge, so they let the judge decide. Lack of consensus by the team has led to an inadequate long-term view for the child.

There were 13 cases with an unacceptable rating on Long-term View. Review of the case stories in which the long-term view was unacceptable indicates a variety of issues that were problematic. The issue mentioned most often was the long-term view not being shared by team members (7 cases). Another concern mentioned in five cases was the long-term view was vague or generic. Another concern identified in four of the cases was there were no steps to achieve the long-term view. Another concern raised in four of the cases was the concurrent plan identified in the long-term view was considered insufficient. For example, in three of the cases, the concurrent plan for the child was to be placed in the guardianship of a relative, but there was no relative identified that could take guardianship.

Child and Family Planning Process

Child and Family Planning Process has two primary elements: the written plan, which is a legal document, and the process used to create the plan. The written plan should be individualized and relevant to the needs and goals of the family. Consider the following case example.

There was a good plan written for this case. The plan outlines needs specific for [target child]. The children and grandparents have been assessed and the agency is meeting their needs as well as the parents' needs in drug court. The plan addresses [target child's] school attendance, grades, homework, mental health assessments as well as physical health appointments. The grandparents were very active in the planning process. The worker tried to engage the parents, but they were not cooperative early on in the case. They were aware of the plan and what was in it.

Another case example demonstrates how an outdated plan becomes irrelevant as a tool for planning and information sharing among team members.

The plan has not been updated since [target child] left her first foster family. Many things have changed during that time and the plan is not reflective of that. The plan did not change as the needs changed. The plan still states that [target child] needs to finish school, though she completed her credits some time ago. The plan does not discuss getting her drivers license, something [target child] is working on. The plan does not specifically address issues that brought [target child] into care, but speaks generally. The plan is not tailored to this family. The team reports that they did not assist in helping craft the plan, but rather they gathered together to hear what the plan would be.

There were nine cases in which the Child and Family Planning Process was rated as unacceptable. The majority of the cases (7) had issues regarding the written plan while two cases were identified as having issues related to the planning process. The issue identified most often was the written plan missing key needs of the child or family (6 cases). Key needs included mental health, anger management, domestic violence, and therapy. For a couple of the home-based cases, the plans only focused on either the parent or child's needs and excluded the other. Another issue identified in three cases was the written plan being outdated and not reflective of the current situation. The plans were viewed as generic. Two cases struggled with the planning process as a result of key team members not being included in the plan development. Missing key members included the schoolteacher, extended family, and other informal supports.

Plan Implementation

A plan that is being implemented in a meaningful way produces measurable results. The following case example demonstrates how a successfully implemented plan can produce positive progress on case goals.

[Target child] is receiving all of the services he needs. Active efforts were made to engage [mother] in services prior to the court terminating reunification services. [The father] has received the assessments necessary to determine the appropriate level of substance abuse treatment. Interim groups were available to him while he was waiting for an opening in intensive outpatient services, but [father] made excuses not to attend until the opening for level two treatment became available. He is currently attending treatment and completing regular drug testing. [Father] has participated in parenting

skills training, which he reports was beneficial. He is engaging regularly in family therapy with [target child].

Lack of plan implementation often prevents timely services or results in an inappropriate level of service intensity. The following case example demonstrates how delays in plan implementation can produce undesired results.

Much of the Child and Family Plan for the parents has just recently been implemented or is planned to be implemented in the near future. Attempts have been made to help the family obtain services in the rural area in which they live. Within the past six weeks, they were able to get a peer parent to come to the home and provide parenting. There is currently a referral for in-home counseling to begin. This makes it possible for the family to obtain these services in their community. [Mother's paramour] is attending his domestic violence treatment and they just started parenting. They will begin couples counseling which was initially recommended on [mother's] mental health assessment. [Target child], however, is not in therapy yet and continues to struggle behaviorally. This is a key factor since he is creating an unsafe environment to others due to his behavior.

Tracking and Adaptation

Good tracking and adaptation helps with monitoring progress and adapting to evolving needs of the child and family. The following case example demonstrates how effective tracking and adapting can assist a parent in reaching their treatment goals.

In October, when [mother] relapsed on alcohol, the team responded by giving sanctions and increasing treatment. This showed the team was able to monitor [mother] and respond appropriately given the rules of the drug court program. The team also responded to the children's behavior when they were beginning to act out at the foster home after extended visits with their parents. The parents also felt the need to address the issue. When the foster parents told the parents how their children were acting toward them, the parents had a conversation with the children and the negative behavior stopped. The team modeled the behavior they wanted to see in the parents. The team also saw that treatment was not as effective as it could be because of the provider. The provider has now changed and the team is monitoring progress. The parents have frequent urine analysis. This is not to catch the parents, but to provide appropriate intervention, should the parents relapse. The drug court team also meets every two weeks to track how the parents are meeting their treatment goals.

When a case struggles with tracking and adapting, it often leads to issues not being addressed which can be detrimental to case goals. The following case example demonstrates how insufficient tracking and adapting contributed to minimal parent progress on services.

The case has been tracked through routine team meetings, periodic phone calls and reports of results from UA's. There has been some tracking, but it has been limited at

times to self-report by the parents. The tracking methods were not sufficient enough to catch relapse in a timely manner. In addition, services were not adapted when the parents did not follow through on their services. The parents were reminded to follow through, but different approaches were not looked into.

V. Practice Improvement Opportunities

During the Qualitative Case Review process, opportunities for practice improvement were observed and identified regarding the system and case management. At the conclusion of each two-day review period, the reviewers met together for a debriefing session during which a brief outline of each case and the reviewers' observations were presented and discussed with the other reviewers. As part of the debriefing process, each review team was asked to present practice improvement opportunities on their case that could improve case outcomes. The suggestions have been categorized into common themes, which are listed below.

Permanency

- There had been insufficient permanency planning early in the case that did not fully address the issue of parental rights so that the family the special needs youth has resided with for two years would be able to adopt her.
- The case had been open four years and the child still had not achieved permanency. Money was an issue for the foster parents.

Engagement

- The family was receiving foster care services as well as Creative Intervention services through the SOCC. There was contention between DCFS and SOCC. The professional partners on the SOCC viewed the foster care portion of the case as too punitive. The child's behaviors deteriorated as a response to the foster care placements becoming increasingly restrictive.

Teaming

- The team was fractured in their opinion on whether or not the child should be in foster care. Each of the team members believed it was another team member who wanted the child in foster care.
- The school had not been included in the teaming which resulted in school staff not knowing how to best support and encourage the child when she shared her concerns with them.
- The information sharing on the case was problematic. The lack of teaming negatively impacted the sharing of information and was a source of frustration for the caseworkers. There was a large gap in time between family team meetings so there was no common understanding between team members.
- The schoolteacher had never been invited to the family team meetings. The child had been struggling in school after the removal, but that was not being addressed in the family team meetings. Including school officials would have helped them be aware of what was going on in the child's life.
- The parents had participated in family team meetings and been a part of the team; however, they did not feel like their voice was heard. They felt their informal supports were not available to them. Different people had come at different times to meetings and no one was aware of who was on the team. There was information known, but not shared with others. The schoolteacher was aware of a lot of anger outbursts concerning the child's feelings about his mother. She is not part of the team so did not share this with

the therapist. There was not a clear understanding of who would address issues such as dad's behaviors in visits.

- While the family felt like they had a say, the team felt like they did not have a voice and did not know what others on the team were doing or what they thought. There were two agencies asking for a team meeting and this had not happened. The information was shared piece by piece. One team member believed that teaming would be more effective and create less work than trying to work the case without teaming.
- Coordination would have been strengthened if the two teams coordinated together.
- Information needed to be coordinated with the mental health agency. The school needed to be included on the team. Mental health had a lot of information about the child that other team members needed.
- The reason for DCFS involvement was school issues, but the teacher had not been informed about the case and she did not know the reason for DCFS involvement.
- The family might have thought teaming was a visit since it was just the worker and the family. The teacher had a lot of information to share that was not shared. There was not good coordination between the System of Care Committee and the DCFS team.
- The father said he was informed about team meetings at the last minute. He felt he was left out.
- The therapist was not invited to team meetings and he missed some critical information.

Assessment

- The team focused on the child's immediate behavior issues rather than the much more significant underlying needs such as the impact of being molested and the death of a sibling.
- There were several therapists involved in the case, all from the same county mental health agency. The therapists were not aware they were working on the same case. This prevented them from being a resource to each other.
- Information from another state was missing and needed to be gathered. There was no information from the previous provider regarding prior sex abuse.
- The outside assessments that were done were not thorough enough. They assessed the substance abuse portion, but not the domestic violence.
- The intake was done for the mental health assessment, but the assessment itself was not completed. The worker was not aware an IEP was in place for the child.

Long-term View

- The long-term view and planning primarily focused on the child's immediate needs and had no specific plan for the enduring permanency needs of the child.
- There was no concurrent long-term view should the child's primary plan not work out.
- The special needs youth had been in care for 110 months. It was anticipated that she might be eligible for the DSPD waiver, but that had not occurred.
- There was no consensus or shared understanding among team members as to when the case could potentially be closed.
- The long-term view was not realistic to many team members. There was no concurrent plan in place. The long-term plan was to go to college, but the child had not held a job and had not had the opportunity to work.

- There was no clear understanding of what needed to happen for the child to return home to his father. The father's understanding of what he needed to do was not specific. No one on the team was clear on what needed to happen to know when it would be safe for the child to go home.
- The child was 17 years old and there was no long-term plan or goals for him. After he graduates he will just go and do what he likes. If he does not pay his fines he may go into a Juvenile Justice Services placement. There was no Transition to Adult Living work being done.
- The family did not have a view of what could happen in the long-term.
- The long-term view was not clear or articulated.

Planning

- The written child and family plan had expired so there was no current written document.
- There were two different service plans for the mother. This led to confusion for the parents regarding who would have custody of the child. There was confusion regarding what services the parents were participating in which resulted in major objectives not being implemented.
- The plan was very generic and has not been updated.
- The plan was updated, but the goal was outdated. The written permanency goal was adoption, but the working goal was individualized permanency.
- There was very little mention of the child in the initial plan.

Tracking and Adaptation

- No one dared to track the mother's progress or suggest an adaptation to the plan because the mother could "fire" team members from the team, so the mother was never confronted about her lack of progress.
- Due to the change in caseworkers, tracking progress fell through the cracks for a few months. When it was learned that the parents were not following through, the trial home placement failed.

SYSTEMIC CHALLENGES

- The caseworker had a high caseload of 26 in-home cases. The mother had three other children in foster care being case managed in another office by a caseworker that had 21 cases.
- There was conflict between SOCC and DCFS and confusion about the roles of the various agencies on the SOCC committee.
- Children were brought into care for truancy.

VI. Analysis of the Data

This portion of the report contains two primary sections. The first section is data analysis of various case demographics and how those demographics performed on some key child status indicators, overall child status, core system performance indicators, and overall system performance. Case demographics includes: case type, permanency goals, caseload size, length of employment in current position, office, and supervisor. The next section is data analysis of the rating trends of the six core system performance indicators over the last 10 years. Creative Intervention cases are considered a unique case management service and this is the first time this case type has ever been included in the QCR sample. As a result, most of the data analysis contained in this section is analyzed in two ways: a chart with all 24 cases in the sample included together, and a chart excluding the four Creative Intervention cases for a case sample of 20 cases.

RESULTS BY CASE TYPE AND PERMANENCY GOALS

The following tables compare how the different Case Types and Permanency Goals performed on some key child status indicators, overall child status, core system performance indicators, and overall system performance. Foster care and home-based cases were comparable on key child status indicator results. The three cases that had unacceptable ratings on Safety were three different case types. Foster care and creative intervention cases (CI) struggled on the Prospects for Permanence indicator. In regards to system performance, three of the four cases that were rated as unacceptable on Overall System Performance were creative intervention cases. Home-based cases struggled on the Teaming and Assessment indicators. Review of the teaming scores indicates that the highest acceptable teaming score received by a home-based case was a 4 (minimally acceptable). By contrast, foster care cases had a much higher overall percentage of acceptable teaming scores and five of the cases had teaming rated as a 5 (substantially acceptable). There were no home-based cases that received an acceptable rating on Assessment.

Case Type	# in Sample	Safety	Stability	Prospects for Permanence	Overall Child Status	Teaming and Coordination	Assessment	Long-Term View	Planning Process	Plan Implementation	Tracking and Adaptation	Overall System Performance
Foster Care SCF	13	92%	77%	54%	92%	77%	92%	54%	62%	100%	85%	92%
Home-Based PSS	6	83%	83%	83%	83%	33%	0%	33%	83%	83%	67%	100%
Home-Based PSC	1	100%	100%	100%	100%	100%	0%	100%	100%	100%	100%	100%
Home-Based CI	4	75%	50%	50%	75%	25%	0%	25%	25%	75%	75%	25%

As demonstrated in the table below, there were four different Permanency Goal types represented in the case sample. The lower Prospects for Permanence scores were associated with goals most often connected to foster care cases. The struggles on Teaming, Assessment, and Overall System Performance were associated with goals most often connected to home-based cases.

Permanency Goal	# in Sample	Safety	Stability	Prospects for Permanence	Overall Child Status	Teaming and Coordination	Assessment	Long-Term View	Planning Process	Plan Implementation	Tracking and Adaptation	Overall System Performance
Adoption	2	100%	100%	100%	100%	50%	100%	50%	0%	100%	100%	100%
Individualized Perm.	5	100%	60%	40%	100%	80%	100%	40%	80%	100%	60%	80%
Remain Home	10	80%	70%	70%	80%	30%	0%	30%	70%	80%	80%	70%
Reunification	7	86%	86%	57%	86%	86%	71%	71%	57%	100%	86%	100%

RESULTS BY CASEWORKER DEMOGRAPHICS

The two charts below compare caseload size with performance on some key child status indicators, overall child status, core system performance indicators, and overall system performance. The four CI workers were part of the group with a caseload of 16 cases or less. The second chart indicates that nearly half of the sample had a caseload of 17 cases or more. The data indicates that workers with a caseload of 16 cases or less significantly outperformed workers with higher caseloads on key system performance indicators of Teaming, Long-term view, and Overall System Performance.

Caseload Size All cases	# in Sample	Safety	Stability	Prospects for Permanence	Overall Child Status	Teaming and Coordination	Assessment	Long-Term View	Planning Process	Plan Implementation	Tracking and Adaptation	Overall System Performance
16 cases or less	15	80%	67%	60%	80%	67%	40%	53%	53%	87%	73%	80%
17 cases or more	9	100%	89%	67%	100%	44%	67%	33%	78%	100%	89%	89%

Caseload Size Minus CI cases	# in Sample	Safety	Stability	Prospects for Permanence	Overall Child Status	Teaming and Coordination	Assessment	Long-Term View	Planning Process	Plan Implementation	Tracking and Adaptation	Overall System Performance
16 cases or less	11	82%	73%	64%	82%	82%	55%	64%	64%	91%	73%	100%
17 cases or more	9	100%	89%	67%	100%	44%	67%	33%	78%	100%	89%	89%

The two charts below compare caseworker's length of employment in their current position with performance on some key child status indicators, overall child status, core system performance indicators, and overall system performance. The second chart suggests that the newest caseworkers struggled more on key system performance indicators of Teaming, Assessment, and Planning. Overall, caseworkers with the most experience (six years or more) performed the best on key system performance indicators with all but one indicator (Long-term View) being above standard.

Length of Employment in Current Position All Cases	# in Sample	Safety	Stability	Prospects for Permanence	Overall Child Status	Teaming and Coordination	Assessment	Long-Term View	Planning Process	Plan Implementation	Tracking and Adaptation	Overall System Performance
Less than 12 months	5	100%	100%	100%	100%	60%	40%	80%	60%	80%	80%	80%
12 to 24 months	5	80%	60%	60%	80%	20%	20%	20%	60%	100%	100%	60%
24 to 36 months	4	75%	75%	50%	75%	75%	25%	25%	25%	75%	50%	100%
36 to 48 months	3	67%	67%	67%	67%	67%	67%	33%	33%	100%	67%	100%
48 to 60 months	2	100%	50%	50%	100%	50%	100%	50%	100%	100%	50%	50%
60 to 72 months	0											
More than 72 months	5	100%	80%	40%	100%	80%	80%	60%	100%	100%	100%	100%

Length of Employment in Current Position Minus CI cases	# in Sample	Safety	Stability	Prospects for Permanence	Overall Child Status	Teaming and Coordination	Assessment	Long-Term View	Planning Process	Plan Implementation	Tracking and Adaptation	Overall System Performance
Less than 12 months	4	50%	50%	50%	50%	25%	25%	38%	25%	50%	50%	50%
12 to 24 months	3	100%	100%	100%	100%	33%	33%	33%	100%	100%	100%	100%
24 to 36 months	3	67%	67%	33%	67%	100%	33%	33%	33%	67%	33%	100%
36 to 48 months	3	67%	67%	67%	67%	67%	67%	33%	33%	100%	67%	100%
48 to 60 months	2	100%	50%	50%	100%	50%	100%	50%	100%	100%	50%	50%
60 to 72 months	0											
More than 72 months	5	100%	80%	40%	100%	80%	80%	60%	100%	100%	100%	100%

RESULTS BY OFFICE

All seven offices in the Region had cases selected as part of the case sample, which included the Blanding, Castle Dale, Moab, Ute Family Center, Price, Roosevelt, and Vernal offices. The two charts below examine each Office's performance on some key child status indicators, overall child status, core system performance indicators, and overall system performance. Office A, Office D, Office F, and Office G stand out due to the 100% on both Overall Child Status and Overall System performance as indicated in the second chart below. Office C and Office E struggled with some key system performance indicators, particularly in the area of Teaming.

Office All Cases	# in Sample	Safety	Stability	Prospects for Permanence	Overall Child Status	Teaming and Coordination	Assessment	Long-Term View	Planning Process	Plan Implementation	Tracking and Adaptation	Overall System Performance
Office A	2	100%	50%	50%	100%	100%	50%	50%	50%	50%	0%	50%
Office B	2	50%	0%	50%	50%	100%	50%	50%	100%	50%	50%	100%
Office C	2	50%	100%	100%	50%	0%	0%	0%	50%	100%	100%	100%
Office D	3	100%	33%	33%	100%	67%	67%	33%	67%	100%	100%	67%
Office E	7	100%	100%	71%	100%	29%	57%	43%	71%	100%	86%	86%
Office F	5	80%	80%	60%	80%	60%	40%	60%	80%	100%	100%	80%
Office G	3	100%	100%	67%	100%	100%	67%	67%	0%	100%	67%	100%

Office Minus CI cases	# in Sample	Safety	Stability	Prospects for Permanence	Overall Child Status	Teaming and Coordination	Assessment	Long-Term View	Planning Process	Plan Implementation	Tracking and Adaptation	Overall System Performance
Office A	1	100%	0%	0%	100%	100%	100%	0%	0%	100%	0%	100%
Office B	2	50%	0%	50%	50%	100%	50%	50%	100%	50%	50%	100%
Office C	2	50%	100%	100%	50%	0%	0%	0%	50%	100%	100%	100%
Office D	2	100%	50%	50%	100%	100%	100%	50%	100%	100%	100%	100%
Office E	6	100%	100%	67%	100%	33%	67%	50%	83%	100%	83%	83%
Office F	4	100%	100%	75%	100%	75%	50%	75%	100%	100%	100%	100%
Office G	3	100%	100%	67%	100%	100%	67%	67%	0%	100%	67%	100%

RESULTS BY SUPERVISOR

A total of ten supervisors from throughout the Region participated in this year's review. The majority of the supervisors (7) had multiple cases selected from their team. The two charts below examine each Supervisor's performance on some key child status indicators, overall child status, core system performance indicators, and overall system performance. The majority of the supervisors (7) scored 100% on both Overall Child Status and Overall System Performance. Nine of the supervisors scored 100% on Overall System Performance. The most challenging system performance indicators were Long-term View and Assessment with eight supervisors being below the standard on Long-term View and six supervisors being below the standard on Assessment.

Supervisor All cases	# in Sample	Safety	Stability	Prospects for Permanence	Overall Child Status	Teaming and Coordination	Assessment	Long-Term View	Planning Process	Plan Implementation	Tracking and Adaptation	Overall System Performance
Supervisor A	2	100%	50%	50%	100%	100%	50%	50%	50%	50%	0%	50%
Supervisor B	3	100%	33%	33%	100%	67%	67%	33%	67%	100%	100%	67%
Supervisor C	2	100%	100%	100%	100%	100%	50%	100%	0%	100%	50%	100%
Supervisor D	2	50%	100%	100%	50%	0%	0%	0%	50%	100%	100%	100%
Supervisor E	2	50%	0%	50%	50%	100%	50%	50%	100%	50%	50%	100%
Supervisor F	6	100%	100%	67%	100%	33%	67%	50%	83%	100%	83%	83%
Supervisor G	1	100%	100%	0%	100%	100%	100%	0%	0%	100%	100%	100%
Supervisor H	1	100%	100%	100%	100%	0%	0%	0%	100%	100%	100%	100%
Supervisor I	4	75%	75%	50%	75%	75%	50%	75%	75%	100%	100%	75%
Supervisor J	1	100%	100%	100%	100%	0%	0%	0%	0%	100%	100%	100%

Supervisor Minus CI cases	# in Sample	Safety	Stability	Prospects for Permanence	Overall Child Status	Teaming and Coordination	Assessment	Long-Term View	Planning Process	Plan Implementation	Tracking and Adaptation	Overall System Performance
Supervisor A	1	100%	0%	0%	100%	100%	100%	0%	0%	100%	0%	100%
Supervisor B	2	100%	50%	50%	100%	100%	100%	50%	100%	100%	100%	100%
Supervisor C	2	100%	100%	100%	100%	100%	50%	100%	0%	100%	50%	100%
Supervisor D	2	50%	100%	100%	50%	0%	0%	0%	50%	100%	100%	100%
Supervisor E	2	50%	0%	50%	50%	100%	50%	50%	100%	50%	50%	100%
Supervisor F	6	100%	100%	67%	100%	33%	67%	50%	83%	100%	83%	83%
Supervisor G	1	100%	100%	0%	100%	100%	100%	0%	0%	100%	100%	100%
Supervisor H	1	100%	100%	100%	100%	0%	0%	0%	100%	100%	100%	100%
Supervisor I	3	100%	100%	67%	100%	100%	67%	100%	100%	100%	100%	100%
Supervisor J	0											

SYSTEM CORE INDICATORS

How are the ratings of 1 (completely unacceptable), 2 (substantially unacceptable), 3 (partially unacceptable), 4 (minimally acceptable), 5 (substantially acceptable) and 6 (optimal) trending within the core indicators? The most ideal trend would be to see an increase in the average score of the core indicators along with an increase in the ratings within the acceptable range (i.e. ratings of 4 moving to 5's and 6's). Below is analysis of the ratings for all core system indicators (Child and Family Team/Coordination, Child and Family Assessment, Long-term View, Child and Family Planning Process, Plan Implementation, and Tracking and Adaptation) over the last ten years. For each indicator, the primary chart includes all cases in the sample for the years listed. The single row after each chart is the 2010 ratings after excluding the four Creative Intervention cases.

As indicated in the Total Number Acceptable column in the table below, the number of acceptable scores on the Child and Family Team/Coordination indicator has dropped to the lowest total since 2001. The decrease in the Average Score of the Core Indicator is due to the majority of the cases (75%) being split between the three/four bubble line, which divides the acceptable/unacceptable ratings.

Child and Family Team/Coordination									
Year	**Total Cases**	**Rating 1**	**Rating 2**	**Rating 3**	**Rating 4**	**Rating 5**	**Rating 6**	**Total Number of Acceptable**	**Avg Score of Core Indicator**
2001	24	1	4	7	2	8	2	12	3.75
2002	24	1	3	4	8	7	1	16	3.83
2003	24	0	0	6	10	8	0	18	4.08
2004	24	0	0	6	12	4	2	18	4.08
2005	24	0	0	5	10	8	1	19	4.21
2006	24	0	0	6	11	7	0	18	4.04
2007	24	0	0	6	7	9	1	17	4.22
2008	23	0	0	8	10	4	1	15	3.91
2009	24	0	0	5	7	9	3	19	4.42
2010	24	0	1	9	9	5	0	14	3.75
2010	20	0	0	7	8	5	0	13	3.90

As indicated in the Child and Family Assessment indicator table below, the majority (83%) of the Assessment scores were on the three/four bubble. Historically, Assessment has experienced the fewest ratings of six (optimal) of all the core system indicators.

Child and Family Assessment									
Year	**Total Cases**	**Rating 1**	**Rating 2**	**Rating 3**	**Rating 4**	**Rating 5**	**Rating 6**	**Total Number of Acceptable**	**Avg Score of Core Indicator**
2001	24	0	5	3	11	3	2	16	3.75
2002	24	0	4	7	8	5	0	13	3.58
2003	24	0	1	9	6	7	1	14	3.92
2004	24	0	3	12	4	4	1	9	3.50
2005	24	0	2	7	10	5	0	15	3.75
2006	24	0	1	11	8	4	0	12	3.63
2007	24	0	3	5	6	9	0	15	3.91
2008	23	0	0	10	9	4	0	13	3.74
2009	24	0	0	6	9	9	0	18	4.13
2010	24	1	0	11	9	3	0	12	3.54
2010	20	0	0	8	9	3	0	12	3.75

According to the table below, the region has experienced a significant decrease in the Total Number of Acceptable long-term views. This directly correlates with the decrease in the number of fours that have moved down to ratings of three.

Long-Term View									
Year	**Total Cases**	**Rating 1**	**Rating 2**	**Rating 3**	**Rating 4**	**Rating 5**	**Rating 6**	**Total Number of Acceptable**	**Avg Score of Core Indicator**
2001	24	1	6	5	9	1	2	12	3.38
2002	24	3	6	9	2	4	0	6	2.92
2003	24	0	6	6	6	6	0	12	3.50
2004	24	1	3	8	6	6	0	12	3.54
2005	24	0	1	8	13	2	0	15	3.67
2006	24	0	2	9	10	2	1	13	3.63
2007	24	0	3	5	9	6	0	15	3.78
2008	23	0	3	5	13	1	1	15	3.65
2009	24	0	0	3	14	7	0	21	4.17
2010	24	0	3	10	7	3	1	11	3.54
2010	20	0	1	9	6	3	1	10	3.70

The Child and Family Planning Process indicator experienced a significant decrease this year in the Total Number of Acceptable ratings. Over the four previous years, from 2006-2009, even though the region was maintaining the same Total Number of Acceptable scores, the Average Score was trending up due to the number of indicators rated as five and six. This year, 20 of the 24 cases (83%) were on the three/four bubble with an increase in the number of indicators rated as a three.

Child and Family Planning Process									
Year	**Total Cases**	**Rating 1**	**Rating 2**	**Rating 3**	**Rating 4**	**Rating 5**	**Rating 6**	**Total Number of Acceptable**	**Avg Score of Core Indicator**
2001	24	0	1	8	8	6	1	15	3.92
2002	24	1	2	5	13	3	0	16	3.63
2003	24	0	2	8	8	5	1	14	3.79
2004	24	1	0	6	13	3	1	17	3.83
2005	24	0	1	6	12	5	0	17	3.88
2006	24	0	0	4	13	6	1	20	4.17
2007	24	0	3	1	8	10	1	19	4.22
2008	23	0	0	3	15	4	1	20	4.13
2009	24	0	0	4	9	10	1	20	4.33
2010	24	0	1	8	12	3	0	15	3.71
2010	20	0	0	6	11	3	0	14	3.85

As indicated in the chart below, the Plan Implementation indicator generally has the highest Average Score of all the core system indicators. Even though the region continues to maintain 20 cases or more within the acceptable range, the Average Score declined. This is a result of the increased number of indicators rated as a four.

Plan Implementation									
Year	**Total Cases**	**Rating 1**	**Rating 2**	**Rating 3**	**Rating 4**	**Rating 5**	**Rating 6**	**Total Number of Acceptable**	**Avg Score of Core Indicator**
2001	24	0	2	5	9	7	1	17	4.00
2002	24	0	2	4	12	6	0	18	3.92
2003	24	0	4	1	8	10	1	19	4.13
2004	24	1	0	4	9	9	1	19	4.17
2005	24	0	1	1	10	11	1	22	4.42
2006	24	0	0	2	11	10	1	22	4.42
2007	24	0	0	0	10	9	4	23	4.74
2008	23	0	0	1	14	7	1	22	4.35
2009	24	0	0	0	8	14	2	24	4.75
2010	24	0	0	2	16	5	1	22	4.21
2010	20	0	0	1	13	5	1	19	4.30

Over the years, the Tracking and Adaptation indicator has experienced the most ratings of five and six of all the core system performance indicators. The Average Score has trended down due to the increase in the number of indicators being rated as a four.

Tracking and Adaptation									
Year	**Total Cases**	**Rating 1**	**Rating 2**	**Rating 3**	**Rating 4**	**Rating 5**	**Rating 6**	**Total Number of Acceptable**	**Avg Score of Core Indicator**
2001	24	0	5	1	7	8	3	18	4.13
2002	24	0	3	2	7	11	1	19	4.21
2003	24	0	2	2	9	10	1	20	4.25
2004	24	0	1	6	9	6	2	17	4.08
2005	24	0	1	2	7	14	0	21	4.42
2006	24	0	0	3	11	9	1	21	4.33
2007	24	0	1	4	2	14	2	18	4.52
2008	23	0	0	5	8	9	1	18	4.26
2009	24	0	0	3	5	12	4	21	4.71
2010	24	0	0	5	11	7	1	19	4.17
2010	20	0	0	4	8	7	1	16	4.25

VII. Summary and Recommendations

Summary

The Region maintained the Overall Child Status score above the 85% standard at 88%. Of the ten child and family status indicators, the Region maintained four indicators (Health/Physical Well-being, Learning Progress, Caregiver Functioning, and Satisfaction) above the 90th percentile. The Caregiver Functioning indicator was maintained at 100% for the third year in a row. Three other status indicators (Safety, Appropriateness of Placement, and Emotional/Behavioral Well-being) scored above the 80th percentile. One of the more challenging status indicators, Prospects for Permanence, experienced a 25-point decrease to 63%. When the four Creative Intervention cases are excluded from the sample, the Overall Child Status score elevates to 90%. In fact, without the four Creative Intervention cases, the scores for eight status indicators increase with two indicators (Health/Physical Well-being and Learning Process) joining Caregiver Functioning at 100%.

Last year, the Region experienced some of the best scores they have ever received on system performance indicators and Overall System Performance. This year, all of the indicators except one (Caregiver Support) experienced a decrease from last year's scores. Caregiver Support was maintained at 100% for the second year in a row. Two indicators (Plan Implementation and Formal/Informal Supports) were maintained above the 90th percentile. The Region maintained two of the six core system indictors (Plan Implementation and Tracking and Adaptation) above the 70% standard. The Region experienced a decrease in four core system indicators (Child and Family Team/Coordination, Child and Family Assessment, Long-term View and Child and Family Planning Process) with the largest decrease being a 42-point drop in Long-term View to 46%. The core system indicator of Child and Family Planning Process dropped below the 70% standard to 63% (62% results in a marked decline in performance). Three of the core system indicators (Child and Family Team/Coordination, Child and Family Assessment, and Long-term View) experienced a marked decline in performance. When the four Creative Intervention cases are excluded from the sample, the Overall System Performance score elevates above standard to 95%. Without the four Creative Intervention cases, the scores for nine system performance indicators increase with one indicator (Formal/Informal Supports) joining Caregiver Support at 100%. Without the four Creative Intervention cases, Child and Family Planning Process meets the standard at 70%. Child and Family Team/Coordination would still be below standard at 65%, but would no longer be a marked decline. Child and Family Assessment and Long-term View scores would increase, but would still result in a marked decline.

As part of the effort to address the marked decline in performance on the three core system performance indicators, the Region has developed an action plan. That plan is available for review on the Division's website which can be accessed through the following link: http://www.hsdcfs.utah.gov/court_oversight.htm.

Recommendations

It is recommended that the Eastern Region use the 24 case stories as part of their ongoing effort to improve the services they provide to children and families. The case stories could be used to help sustain performance that is above standard or elevate performance that is below standard. Review of the case stories in which the indicators scored substantially well or optimal could be used as examples in an effort to help duplicate great work. Careful review of the case stories regarding the circumstances that resulted in the unacceptable ratings could be beneficial in formulating training opportunities or specific strategies to address those challenges. The following recommendations target specific indicators and the factors that presented the most challenges to those indicators.

Child Status

1. **Prospects for Permanency:** Enhance permanency planning for youth with significant behavior problems and youth who are currently residing in residential levels of care. Efforts could be focused on using the team to develop primary and concurrent permanency plans that are realistic and achievable.

System Performance

1. **Child and Family Teaming/Coordination:** Ensure all key team members are included in family team meetings and that the whole team meets together for planning and coordination purposes.
2. **Child and Family Assessment:** Incorporate all key needs and issues of children and families into the assessments. Particular attention could be focused on home-based cases. Ensure assessment information is shared with team members.
3. **Long-term View:** Ensure long-term views are individualized and shared by team members and have a path and steps that will provide for a child's need for enduring permanency and safety. Incorporating a solid concurrent long-term view would also be beneficial.
4. **Child and Family Planning Process:** Ensure key needs and issues of children and families are incorporated into the written plans. Ensure written plans are current and relevant and developed with the assistance of team members.

VIII. APPENDIX

I. Background Information

The Division of Child and Family Services (the Division) completed a comprehensive plan for the delivery of services to families and children in May 1999 entitled The Performance Milestone Plan (the Plan) pursuant to an order issued by United States District Court Judge Tena Campbell. On October 18, 1999 Judge Campbell issued an order directing the Division as follows:

- The Plan shall be implemented.
- The Child Welfare Policy and Practice Group (the Child Welfare Group) shall remain as monitor of the Division's implementation of the Plan.

The Plan provided for four monitoring processes. Those four processes were: a review of a sample of Division case records for compliance with case process requirements, a review of the achievement of action steps identified in the Plan, a review of outcome indicator trends and, specific to the subject of this report, a review of the quality of actual case practice. The review of case practice assesses the performance of the Division's regions in achieving practice consistent with the practice principles and practice standards expressed in the Plan, as measured by the Qualitative Case Review (QCR) process.

The Plan provided for the QCR process to be employed as one method of assessing frontline practice for purposes of demonstrating performance sufficient for exit from the David C. Settlement Agreement and court jurisdiction. Related to exit from qualitative practice provisions, the Division must have achieved the following in each Region in two consecutive reviews:

- 85% of cases attain an acceptable score on the child and family status scale.
- 85% of cases attain an acceptable score on the system performance scale, with core domains attaining at least a rating of 70%.

The Plan anticipated that reports on the Division's performance, where possible, will be issued jointly by the Child Welfare Group and the Division, consistent with the intent of the monitor and the Division to make the monitoring process organic to the agency's self-evaluation and improvement efforts.

On June 28, 2007, Judge Tena Campbell approved an agreement to terminate the David C. lawsuit and dismiss it without prejudice. This ended formal monitoring by the Court Monitor and changed the focus of qualitative case reviews. Rather than focusing on whether or not a region meets the exit criteria, the primary focus is now on whether the region is advancing or declining with a secondary focus on whether the region is above or below standard, with the 85% and 70% levels that were part of the exit criteria being the standards. Particular attention is drawn to indicators that show a "marked decline," which is a decline of 8.34 percent or more from the standards set forth in the Milestone Plan.

II. Practice Principles and Standards

In developing the Plan, the Division adopted a framework of practice, embodied in a set of practice principles and standards. The training, policies, and other system improvement strategies addressed in the Plan, the outcome indicators to be tracked, the case process tasks to be reviewed, and the practice quality elements to be evaluated through the QCR process all reflect these practice principles and standards. They are listed below:

Protection	Development	Permanency
Cultural Responsiveness	Partnerships	
Organizational Competence	Professional Competence	

In addition to these principles or values, the Division has express standards of practice that serve both as expectations and as actions to be evaluated. The following introduction and list is quoted directly from the Plan.

> *Though they are necessary to give appropriate direction and to instill significance in the daily tasks of child welfare staff, practice principles cannot stand alone. In addition to practice principles, the organization has to provide for discrete actions that flow from the principles. The following list of discrete actions, or practice standards, have been derived from national practice standards as compiled by the CWPPG, and have been adapted to the performance expectations that have been developed by DCFS. These practice standards must be consistently performed for DCFS to meet the objectives of its mission and to put into action the above practice principles. These standards bring real-life situations to the practice principles and will be addressed in the Practice Model development and training.*
>
> 1. *Children who are neglected or abused have immediate and thorough assessments leading to decisive, quick remedies for the immediate circumstances, followed by long-range planning for permanency and well-being.*
>
> 2. *Children and families are actively involved in identifying their strengths and needs and in matching services to identified needs.*
>
> 3. *Service plans and services are based on an individualized service plan using a family team (including the family, where possible and appropriate, and key support systems and providers), employing a comprehensive assessment of the child and family's needs, and attending to and utilizing the strengths of the child and his/her family strengths.*
>
> 4. *Individualized plans include specific steps and services to reinforce identified strengths and meet the needs of the family. Plans should specify steps to be taken by each member of the team, time frames for accomplishment of goals, and concrete actions for monitoring the progress of the child and family.*

5. *Service planning and implementation are built on a comprehensive array of services designed to permit children and families to achieve the goals of safety, permanence and well-being.*

6. *Children and families receive individualized services matched to their strengths and needs and, where required, services should be created to respond to those needs.*

7. *Critical decisions about children and families, such as service plan development and modification, removal, placement and permanency are, whenever possible, to be made by a team including the child and his/her family, the family's informal helping systems, foster parents, and formal agency stakeholders.*

8. *Services provided to children and families respect their cultural, ethnic, and religious heritage.*

9. *Services are provided in the home and neighborhood-based settings that are most appropriate for the child and family's needs.*

10. *Services are provided in the least restrictive, most normalized settings appropriate for the child and family's needs.*

11. *Siblings are to be placed together. When this is not possible or appropriate, siblings should have frequent opportunities for visits.*

12. *Children are placed in close proximity to their family and have frequent opportunities for visits.*

13. *Children in placement are provided with the support needed to permit them to achieve their educational and vocational potential with the goal of becoming self-sufficient adults.*

14. *Children receive adequate, timely medical and mental health care that is responsive to their needs.*

15. *Services are provided by competent staff and providers who are adequately trained and who have workloads at a level that permit practice consistent with these principles.*

III. The Qualitative Case Review Process

Historically, most efforts at evaluating and monitoring human services such as child welfare made extensive, if not exclusive, use of methods adapted from business and finance. Virtually all of the measurements were quantitative and involved auditing processes: counting activities, checking records, and determining if deadlines were met. Historically, this was the approach during the first four years of compliance monitoring in the David C. Settlement Agreement. While the case process record review does provide meaningful information about accomplishment of tasks, it is at best incomplete in providing information that permits meaningful practice improvement.

Over the past decade there has been a significant shift away from exclusive reliance on quantitative process oriented audits and toward increasing inclusion of qualitative approaches to evaluation and monitoring. A focus on quality assurance and continuous quality improvement is now integral not only in business and in industry, but also in health care and human services.

The reason for the rapid ascent and dominance of the "quality movement" is simple: it not only can identify problems, it can help solve them. For example, a qualitative review may not only identify a deficiency in service plans, but may also point to why the deficiency exists and what can be done to improve the plans. By focusing on the critical outcomes and the essential system performance to achieve those outcomes, attention begins to shift to questions that provide richer, more useful information. This is especially helpful when developing priorities for practice improvement efforts. Some examples of the two approaches may be helpful:

AUDIT FOCUS:
"Is there a current service plan in the file?"

QUALITATIVE FOCUS:
"Is the service plan relevant to the needs and goals and coherent in the selection and assembly of strategies, supports, services, and timelines offered?"

AUDIT FOCUS:
"Were services offered to the family?"

QUALITATIVE FOCUS:
"To what degree are the implementation of services and results of the child and family service plan routinely monitored, evaluated, and modified to create a self-correcting and effective service process?"

The QCR process is based on the Service Testing™ model developed by Human Systems and Outcomes, Inc., which evolved from collaborative work with the State of Alabama, designed to monitor the R. C. Consent Decree. The Service Testing™ model has been specifically adapted for use in implementing the Plan by the Division and by the court monitor, the Child Welfare Group, based on the Child Welfare Group's experience in supporting improvements in child welfare outcomes in 11 other states. Service Testing™ represents the current state of the art in

evaluating and monitoring human services such as child welfare. It is meant to be used in concert with other sources of information such as record reviews and interviews with staff, community stakeholders, and providers.

The Utah QCR process makes use of a case review protocol adapted for use in Utah from protocols used in 11 other states. The protocol is not a traditional measurement designed with specific psychometric properties. The QCR protocol guides a series of structured interviews with key sources such as children, parents, teachers, foster parents, Mental Health providers, caseworkers, and others to support professional appraisals in two broad domains: Child and Family Status and System Performance. The appraisal of the professional reviewer examining each case is translated to a judgment of acceptability for each category of functioning and system performance reviewed using a six-point scale ranging from "Completely Unacceptable" to "Optimally Acceptable." The judgment is quantified and combined with all other case scores to produce overall system scores.

The Utah QCR instrument assesses child and family status issues and system performance in the following discrete categories. Because some of these categories reflect the most important outcomes (Child and Family Status) and areas of system functioning (System Performance) that are most closely linked to critical outcomes, the scoring of the review involves differential weighting of categories. For example, the weight given permanence is higher than for satisfaction. Likewise, the weight given Child and Family Assessment is higher than the weight for successful transitions. These weights, applied when cases are scored, affect the overall score of each case. The weight for each category is reflected parenthetically next to each item. The weights were chosen by Utah based upon their priorities at the time the protocol was developed.

Child and Family Status	System Performance
Child Safety (x3)	Child/Family Participation (x2)
Stability (x2)	Team/Coordination (x2)
Appropriateness of Placement (x2)	Child and Family Assessment (x3)
Prospects for Permanence (x3)	Long-Term View (x2)
Health/Physical Well-Being (x3)	Child and Family Planning (x3)
Emotional/Behavioral Well-Being (x3)	Plan Implementation (x2)
Learning Progress (x2) OR,	Supports/Services (x2)
Learning/Developmental Progress (x2)	Successful Transitions (x1)
Caregiver Functioning (x2)	Effective Results (x2)
Family Functioning/Resourcefulness (x1)	Tracking Adaptation (x3)
Satisfaction (x1)	Caregiver Support (x1)
Overall Status	**Overall System Performance**

The fundamental assumption of the Service Testing™ model is that each case is a unique and valid test of the system. This is true in the same sense that each person who needs medical attention is a unique and valid test of the health care system. It does not assume that each person needs the same medical care, or that the health care system will be equally successful with every patient. It simply means that every patient is important and that what happens to that individual patient matters. It is little consolation to that individual that the type of care they receive is *usually* successful. This point becomes most critical in child welfare when children are

currently, or have recently been, at risk of serious harm. Nowhere in the child welfare system is the unique validity of individual cases clearer than the matter of child safety.

Service Testing™, by aggregating the systematically collected information on individual cases, provides both quantitative and qualitative results that reveal in rich detail what it is like to be a consumer of services and how the system is performing for children and families. The findings of the QCR will be presented in the form of aggregated information. There are also case stories written at the conclusion of the set of interviews done for each case. They are provided to clarify the reasons for scores assigned, to offer steps to overcome obstacles or maintain progress, and as illustrations to put a "human face" on issues of concern.

Methodology

Cases reviewed were randomly selected from the universe of the case categories of out-of-home (SCF), Protective Family Preservation (PFP) services, Protective Services Supervision (PSS), and Protective Service Counseling (PSC) in the Region. These randomly selected cases were then inserted into a simple matrix designed to ensure that critical facets of the Division population are represented with reasonable accuracy. These variables stratified the sample to ensure that there was a representative mix of cases of children in out-of-home care and in their own homes. Cases were also distributed to permit each office in the Region to be reviewed and to assure that no worker had more than one of his/her cases reviewed. Additional cases were selected to serve as replacement cases, a pool of cases used to substitute for cases that could not be reviewed because of special circumstances (AWOL child, lack of family consent, etc).

The sample thus assured that:

- Males and females were represented.
- Younger and older children were represented.
- Newer and older cases were represented.
- Larger and smaller offices were represented.
- Each permanency goal is represented.

A total of 24 cases were selected for the review, and 23 cases were reviewed. There was one case that was pulled for review, and just before the review was to take place, the parent withdrew his consent to have the child interviewed. Since the child could not be interviewed, this case was not reviewed.

Reviewers

Due to the recent approval of the agreement between the parties to the David C. Lawsuit and the cessation of formal monitoring, no reviewers from the Child Welfare Group participated on this review. Reviewers were all from Utah and were drawn from the Office of Services Review, DCFS, and community partners.

Stakeholder Interviews

As a compliment to the individual case reviews, the Office of Service Review staff interview key local system leaders from other child and family serving agencies and organizations in the Region about system issues, performance, assets, and barriers. These external perspectives provide a valuable source of perspective, insight, and feedback about the performance of Utah's child welfare system. In some years, focus groups with DCFS staff, consumer families, youth, foster parents, or other stakeholders are a part of this aspect of the review process. Their observations were briefly described in a separate section.